



**Wisconsin Landscape Contractors Association
Metro Milwaukee Chapter**

21620 Belgren Road • Waukesha • WI • 53186 • 262.782.9522 • Fax - 262.786.2424

wlca@wi.twcbc.com

APPLICATION FOR MEMBERSHIP

**2023
Annual
Dues**

Chapter Benefits Include or Offer

\$475.00 Monthly Dinner Meetings with Speakers, Golf Outing, Christmas Party, Landscape University, Design Management Seminar, Owner's Summit, Company Website Link from Chapter Website and Reduced Rate Employment and Company Advertising on Chapter Website.

WLCA State: Chapter dues include membership in the WLCA State Association.

NALP Affiliation: WLCA is a state member of the National Association of Landscape Professionals (NALP) which entitles WLCA members access to NALP educational publications and programs.

WLCA GOALS

- ◆ To promote and improve the image of "professional" landscaping.
- ◆ To encourage a high standard of professional ethics as well as quality workmanship in the landscape industry.
- ◆ To support legislation which is beneficial to landscape contractors, the general public and the environment and to oppose that which is not.
- ◆ To serve as a forum for the free exchange of ideas between landscape contractors and their suppliers.
- ◆ To create a higher degree of public appreciation for the landscape industry.
- ◆ To carry out a program of practical instruction for those engaged in landscaping through monthly meetings, special programs, seminars and publications.
- ◆ To work for a greener more beautiful Wisconsin.

Visit our website at...

www.findalandscaper.org

Firm Name:

Address:

City/State/Zip:

Contact Name:

Phone Number:

Fax Number:

Email Address:

Website:

Description of Profession, Business or Operation:

Number of Years in Business:

Type of Business: Sole Proprietorship Partnership Corporation

Name of Principal

Phone Number:

Current WLCA Member Reference:

Other Organization or Associations of which you are a current member:

Industry Business References:

1. Firm Name:

Contact Name:

Phone Number:

2. Firm Name:

Contact Name:

Phone Number:

3. Firm Name:

Contact Name:

Phone Number:

**Mail completed application along with check for payment in full, made payable to WLCA Metro Milwaukee to:
WLCA • 21620 Belgren Road • Waukesha • WI • 53186**

Also payable by credit card:

Name on Card:

Email Address:

Credit Card #:

Expiration Date:

CVV:

Signed

Title

Date
