mnla
Massachusetts Nursery and Landscape Association

Make check payable to: Massachusetts Nursery and Landscape Association

Mail to:
MNLA
P.O. Box 387
Conway, MA 01341

Phone: (413) 369-4731
Fax: (413) 369-4962
www.mnla.com

committed to promoting environmental awareness and the highest standards of the Massachusetts nursery and landscape industry!

Application for Membership

There are four types of membership available within MNLA:

ACTIVE MEMBERSHIP: Those persons, firms or corporations whose principal business is the production, sale, installation or maintenance of nursery stock in Massachusetts.

ASSOCIATE MEMBERSHIP: Those persons, firms or corporations engaged in allied horticultural industries or professions including: Suppliers of landscape and nursery products other than nursery stock; landscape architects; qualified out of state nursery professionals.

EDUCATOR MEMBERSHIP: Those persons who are employed in academia in an accredited agricultural school, high school, college or university.

STUDENT MEMBERSHIP: Those persons enrolled in an accredited agricultural school, college or university as a full time student (ID required). Student members shall require sponsorship by an Active or Educator member.

	MEMBERSHIP DUES	
CLASS	SALES RANGE	ANNUAL DUES
A	Less than $100,000	$175
B	$100,000 -$500,000	$250
C	$500,000—$1 Million	$325
D	Over $1 Million	$400
E	Associate	$200
S	Student	$25
T	Educator	$75

FIRM/COMPANY NAME:	YEAR ESTABLISHED:
ADDRESS:	
CITY:	ZIP CODE:
PHONE:	FAX:
EMAIL:	WEBSITE:
TYPE OF BUSINESS: ❑Garden Center ❑Landscape Design/Construction ❑Landscape Maintenance ❑Retail Nursery ❑Wholesale Nursery ❑Sells Supplies & Services to the Trade ❑Wholesale Only	
SPECIALTY:	
PRIMARY CONTACT PERSON/OWNER	
I AGREE TO ABIDE BY ALL TERMS OF MNLA MEMBERSHIP AND THE ANLA CODE OF ETHICS.	
SIGNED	DATE

Is it easier to pay with a credit card? Name on Card:_____

Billing Address:_____

City: _____ State: _____ Zip:_____

☐ VisaCard
☐ MasterCard
☐ AmericanExpress

Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Security Code: _____
Expiration Date: _____

Cardholder Signature:_____

revised 07/09