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Saginaw Valley Nursery & Landscape Association MEMBERSHIP APPLICATION AND RENEWAL FORM

Company Name _____
Address _____

Contact _____
(This name is to whom all mailings will be sent! One per company)

Telephone _____

Fax _____

Cell Phone _____

E-Mail _____

Key Employees:
(Name & Email) _____

Website _____

Service Offered _____

Areas Served _____

Of Years in Industry _____

College Degree Rec'd? _____

MNLA Member _____ Yes _____ No

CGIP on Staff _____ Yes _____ No

Names _____

Membership _____ Regular \$125.00 _____ Associate \$125.00

Make Checks Payable To MNLA

Amount Paid _____ Check # _____

Visa MC American Express Discover

CC # _____ Exp. _____ CVC: _____

Signature: _____

**Remit to: MNLA ♦ 2149 Commons Parkway ♦ Okemos, MI 48864
Phone: 517-381-0437 ♦ Fax: 517-381-0638**