



Student Member Benefits



Help shape the future of the green industry.

- ◆ Receive our monthly publication the Growing Concern
- ◆ Receive all OLA Mailings
- ◆ Attend OLA Membership Meetings at NO COST
- ◆ Receive member pricing for OLA educational seminars
- ◆ Invitation to apply for OLA Scholarships
- ◆ Listing in OLA Annual Roster Book



APPLICATION FOR AFFILIATE / STUDENT MEMBERSHIP

(Please print or type all information)

Please be sure to complete every line of this application. If non-applicable, put N/A on the appropriate line so that we know that you have read each question. Incomplete applications cannot be processed. To protect the integrity of our organization, new members are required to have all appropriate licenses. All applications are subject to approval by our Board of Directors.

AFFILIATE MEMBERSHIP: An affiliate member is (a) an individual whose profession is dedicated to horticulture education such as, but not limited to, full-time instructors and extension agents; or (b) an individual currently employed by a firm holding either a regular or associate membership in the Association; or (c) a second location of a member firm currently holding a regular or associate membership. Anyone meeting the criteria for regular or associate membership is not eligible for affiliate membership..... **Dues \$30**

YOUR NAME _____ CELL PHONE () _____

NAME OF EMPLOYER OR OLA MEMBER FIRM _____

BUSINESS PHONE () _____ FAX () _____

WEBSITE (if applicable) _____ (Complete mailing address below)

STUDENT MEMBERSHIP: A student member is an individual currently enrolled on a full-time basis in an accredited school who is studying in the area of horticulture. Proof of full-time status must be submitted with application (e.g. a copy of current academic course schedule). **Anyone meeting the criteria for regular or associate membership is not eligible for student membership..... Dues \$15**

PLEASE NOTE: STUDENT MEMBERSHIP is available as an individual membership and does not provide any benefits to the student member's business, employees, or employer's business, including but not limited to the use of the OLA logo.

NAME OF SCHOOL _____

NAME OF ADVISOR/INSTRUCTOR _____ EXPECTED GRADUATION DATE _____

YOUR NAME _____ CELL PHONE () _____

REQUIRED INFORMATION FOR ALL APPLICANTS:

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

E-MAIL _____

Have you previously been a member of the Ohio Landscape Association? Yes No If so, when? From _____ to _____

I, hereby swear that all of the information given on this application is true and correct. I understand that I must keep my licenses and insurances in force to be a member in good standing with the Ohio Landscape Association. A lapse in coverage could cause a suspension of all member privileges.

I understand that the OLA may communicate by fax or email address and I hereby grant my permission for them to do so.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

MEMBERSHIP DUES MUST BE PAID WHEN SUBMITTING YOUR APPLICATION.

Fiscal Dues Year: November 1st through October 31st.

PAYMENT INFORMATION:

Check Enclosed, No. _____ Charge my MasterCard or Visa

ACCOUNT NUMBER: _____ EXP. DATE _____

NAME ON CARD: _____ SIGNATURE _____

BILLING ADDRESS OF CARD _____ CVV2 CODE _____

MAIL or FAX YOUR COMPLETED APPLICATION WITH PAYMENT TO:

Ohio Landscape Association · 9240 Broadview Road · Broadview Hts., OH 44147-2517
Phone: (440) 717-0002 · 1-800-335-6521 · Fax: (440) 717-0004 · www.ohiolandscapers.org