



Landscape Ontario Horticultural Trades Association - Membership Application

Company name _____ Title _____
 First name _____ Last name _____
 Address _____ City _____ Province _____
 Postal code _____ Website _____ Phone _____
 E-mail _____ Business start date _____

I consent to receive electronic communications from Landscape Ontario

Membership Type	Company Type		Cost
	<input checked="" type="checkbox"/> 1 primary job type	<input checked="" type="checkbox"/> all work areas that apply	
<input type="radio"/> Active Registered business in operation for more than 3 years, providing hard and soft landscaping <input type="radio"/> Interim Registered business in operation for at least 1 year but not exceeding 3 years providing hard and soft landscaping PLEASE COMPLETE SUPPLEMENTAL INFORMATION PAGE	<input type="checkbox"/> Landscape Contractor* <input type="checkbox"/> Landscape Designer* <input type="checkbox"/> Grounds Maintenance* <input type="checkbox"/> Lawn Care & Spray Contractor <input type="checkbox"/> Wholesale Nursery/Grower <input type="checkbox"/> Retail Garden Centre <input type="checkbox"/> Arborist/Tree Care <input type="checkbox"/> Greenhouse Operator <input type="checkbox"/> Snow Removal Contractor <input type="checkbox"/> Landscape Lighting <input type="checkbox"/> Interior Plantscaper <input type="checkbox"/> Irrigation Contractor <input type="checkbox"/> Tree Mover <input type="checkbox"/> Hydroseeding Contractor <input type="checkbox"/> Snow Removal Contractor	<input type="checkbox"/> Landscape Contractor* <input type="checkbox"/> Landscape Designer* <input type="checkbox"/> Grounds Maintenance* <input type="checkbox"/> Lawn Care & Spray Contractor <input type="checkbox"/> Wholesale Nursery/Grower <input type="checkbox"/> Retail Garden Centre <input type="checkbox"/> Arborist/Tree Care <input type="checkbox"/> Greenhouse Operator <input type="checkbox"/> Snow Removal Contractor <input type="checkbox"/> Landscape Lighting <input type="checkbox"/> Interior Plantscaper <input type="checkbox"/> Irrigation Contractor <input type="checkbox"/> Tree Mover <input type="checkbox"/> Hydroseeding Contractor <input type="checkbox"/> Snow Removal Contractor	<input type="radio"/> Active \$537.00 \$25.00 Legal Advice Fee \$73.06 HST = \$635.06 <input type="radio"/> Interim \$320.00 \$25.00 Legal Advice Fee \$44.85 HST = \$389.85
<input type="radio"/> Associate Supplier of products and/or services to the industry <input type="radio"/> Chapter Associate Supplier of products and/or services to only 1 region (chapter) of LO	<input type="checkbox"/> Sod Grower <input type="checkbox"/> Manufacturer/Supplier of Related Products <input type="checkbox"/> Excavator Only <input type="checkbox"/> Interlock Contractor Only <input type="checkbox"/> Others Allied to the Industry* *Must specify: _____		<input type="radio"/> Associate \$652.00 \$25.00 Legal Advice Fee \$88.01 HST = \$765.01 <input type="radio"/> Chapter Associate \$349.00 \$25.00 Legal Advice Fee \$48.62 HST = \$422.62
<input type="radio"/> Horticultural Personal membership	<input type="checkbox"/> Parks and Recreation/Municipal <input type="checkbox"/> Golf Course <input type="checkbox"/> Cemetery <input type="checkbox"/> Government <input type="checkbox"/> Other: _____		<input type="radio"/> Horticultural \$170.00 \$22.10 HST = \$192.10
<input type="radio"/> Media For digital and print media professionals	Publication Name: _____		Complimentary for media personnel including writers, bloggers etc.
<input type="radio"/> Teacher/Educator For full time horticultural or related educators	Academic Institution: _____		Complimentary for horticultural educators
<input type="radio"/> Student/Apprentice Students currently enrolled in a full or part time horticultural or related post-secondary/ Apprenticeship program	School: _____ Program completion date: _____ Student email: _____		Complimentary with proof of enrollment and student email

Payment Visa Mastercard AMEX Cheque (payable to Landscape Ontario)

Card number _____ Expiry date _____

Name of cardholder _____ Amount: _____

By signing this application I acknowledge that I have read and agree to Landscape Ontario's Statement of Conduct, Principles and Ethics

Signature _____ Date _____

PLEASE NOTE: The membership approval process takes approximately 30-45 days, pending Board approval. An incomplete application will delay the process. Please send your application and direct any questions to membership@landscapeontario.com.

Landscape Ontario Membership Application—Supplemental Information

Active or Interim Membership

Company Name: _____

* If your company fits under the category of **Landscape Contractor, Grounds Maintenance, or Landscape Designer**, you **MUST** complete either option 1 or option 2.

Option 1: Education/Training

Fill out this section if you have a horticultural degree/diploma or have passed a certification: (if not, please go to option 2).

Name of Institution: _____

Years attended: _____

Program Name: _____

Level completed _____

A copy of certificate/diploma/degree is attached: YES NO

As the company owner/manager, I have passed a Certification

Test through Landscape Ontario:

CLP, CHT, CLD or CIT (circle one).

Date passed: _____

Option 2: Job Site Photos*

As part of your accreditation, job site information and photos are required. Please email two photos per job site, for two separate job sites to membership@landscapeontario.com or provide your company's website _____.

Please use the space below to describe what you did at both job sites:

DESCRIPTION 1

DESCRIPTION 2

*Your application will not be processed until all four photos have been received.

COMPANY OPERATION

1) DOES THE APPLYING COMPANY HAVE EMPLOYEES

NO YES IF YES, WSIB INFORMATION REQUIRED. WSIB account# _____ Rate group _____

2) Please complete the following business liability insurance information:

Insurance Provider: _____ Policy Number: _____

REFERENCES

As part of our accreditation process, we require TWO LANDSCAPE ONTARIO MEMBER references. (1 reference must be an Active member, the other can be an Active or Associate member) If you are unsure if a company is a member, please refer to our website www.horttrades.com and click on **Membership**.

Please contact your references to advise them that you will be using them as a reference. Without 2 completed member references your application WILL NOT be approved.

1. Company name _____ 2. Company name _____

Contact name _____ Contact name _____

Email _____ Email _____

Fax _____ Fax _____

LAWN CARE OPERATORS & APPLICATORS

If your company fits under the category of **Lawn Care & Spray Contractor Operator**, you must complete the following section.

Operator License _____

License Holder Name _____ Expiry Date _____

Applicator License _____

LICENSE HOLDER NAME _____ EXPIRY DATE _____

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