

2020 Membership Application

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

Please ensure you provide us with your email address as your electronic membership certificate will be emailed to you.

Company Membership (prices include HST)	Supplier Membership (prices include HST)
For business providing both hard/soft landscaping services. Please select job type and complete page 2 of application.	For companies providing a product/service to the landscape trades
<p>Introductory Member \$115.26 A 1 year introductory membership for businesses providing landscaping services</p> <p>Member \$647.49 Registered business providing landscaping services</p> <p>Professional Member \$647.49 Registered business in operation for 2+ years providing landscaping services</p> <p>Certified Professional Member \$647.49 Landscape Ontario member for 5+ years with approved certification</p> <p>Sole Proprietor Status \$489.29 A status for a registered business with 1.5 full time employees or less. Must select one of the above 3 options</p> <p>Please select company type:</p> <p>Landscape Contractor Landscape Designer Grounds Management Lawn Care & Spray Contractor Wholesale Nursery/Grower Retail Garden Centre Arborist/Tree Care Greenhouse Operator</p>	<p>Associate Member \$779.70 Supplier of products and/or services to the industry</p> <p>Chapter Associate Member \$430.53 Supplier to only 1 region (chapter) of LO</p> <p>Please select company type: Sod Grower Manufacturer/Supplier of Related Excavator Interlock Contractor Other: _____</p>
<p>Snow Removal Contractor Landscape Lighting Irrigation Contractor Interior Plantscaper Tree Mover Hydroseeding Contractor Other: _____</p>	

Individual Membership (prices include HST)
<p>Horticultural \$192.10 Personal membership (please select job type)</p> <p>Parks and Recreation Golf Course Municipal Government Cemetery Other: _____</p> <p>Media Complimentary for media personnel including writers, bloggers etc.</p> <p>Teacher/Educator Complimentary for horticultural educators</p> <p>Student/Apprentice Complimentary for students currently enrolled in a horticultural or related post-secondary/ Apprenticeship program</p>

Method of Payment		
Cheque	Visa	Master Card
Credit Card #:		
Name on Credit Card:		Expiry Date:
Signature:		

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

Company Name: _____

STEP 1 MEMBER, PROFESSIONAL & CERTIFIED MEMBERS	STEP 2 PROFESSIONAL & CERTIFIED MEMBERS	STEP 3 CERTIFIED PROFESSIONAL MEMBER																																				
<p>Job Site Photos Please email two photos per job site, for two separate job sites to membership@landscapeontario.com or provide your company's website. <input type="checkbox"/> EMAILED <input type="checkbox"/> WEBSITE</p>	<p>HEALTH & SAFETY DECLARATION As part of your accreditation, your company must be able to provide an up to date health and safety policy manual upon request by Landscape Ontario. By signing this application you acknowledge that your company meets health and safety requirements and provides sufficient training to staff. _____.</p>	<p>Education/Training Name of Institution: _____ Program Name: _____ Level completed _____ A copy of certificate/diploma/degree is attached: <input type="checkbox"/> YES <input type="checkbox"/> NO As the company owner/manager, I have passed a recognized Certification Test Certification: _____ Date passed: _____</p>																																				
<p>COMPANY OPERATION 1) DOES THE APPLYING COMPANY HAVE EMPLOYEES <input type="checkbox"/> NO (SOLE PROPRIETOR STATUS) <input type="checkbox"/> YES IF YES, WSIB INFORMATION REQUIRED. WSIB account# _____ Rate group _____ 2) BUSINESS LIABILITY INSURANCE Insurance Provider _____ Policy Number _____</p>	<p>PROFESSIONAL DEVELOPMENT Please list any professional development or training you and your staff have participated in.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Name of Course/Event</th> <th style="width:15%;"># of Hours</th> <th style="width:35%;">Name of Participant</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Name of Course/Event	# of Hours	Name of Participant																																	
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<p>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.</p> <p>1. Company name _____ 2. Company name _____ Contact name _____ Contact name _____ Email _____ Email _____</p>																																						
<p>LAWN CARE OPERATORS & APPLICATORS If your company fits under the category of Lawn Care & Spray Contractor Operator, you must complete the following section.</p> <p>Operator License _____ Applicator License _____ License Holder Name _____ License Holder Name _____ Expiry Date _____ Expiry Date _____</p>																																						

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