



Application for Membership

The undersigned hereby applies for: Active Associate (check one)
 Membership in the Nursery Growers of Lake County Ohio, Inc. and agrees to be governed
 by the By-Laws of said Association.

FIRM NAME _____
 Contact _____
 Title _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 E-Mail _____

Type of Material Grown:

- Wholesale Only Wholesale and Retail Maintenance
 Retail Only Landscape Other

Ohio Nursery Stock Producer or Dealer's License
 # _____

Pesticide Applicator License
 # _____

Dues Schedule:

Active: Sales up to \$ 50,000.00	\$ 50.00
\$ 50,001 to \$ 250,000	\$ 80.00
\$ 250,001 to \$1,000,000	\$ 100.00
Over \$1,000,000	\$200.00
Associate Membership	\$ 50.00
New Members Initiation Fee	\$ 20.00

Make Checks Payable to:
Nursery Growers of Lake County Ohio, Inc.
 P O Box 702
 Madison, OH 44057
 For More Information Contact:
Annette Howard Phone: 440-241-7969
 Fax: 440-259-4330 Email: info@nglco.com

Enclosed herewith is payment by _____
 for _____ \$ _____
(Cash, Check, Money Order) (Amount)

same being in full or dues for current year. It is understood that dues are subject to annual revisions.

Annual Dues Renewable July 1

Membership Doesn't Cost • It Pays