



MEMBER INVOICE

5101 Monument Ave, Ste 203, Richmond, VA 23230-3621
 P: 804-256-2700 | F: 804-709-0288 | info@vnla.org

Firm: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (____) _____ Fax: (____) _____ Cell: (____) _____

Contact Name 1: _____ Email Address 1: _____

Contact Name 2: _____ Email Address 2: _____

Contact Name 3: _____ Email Address 3: _____

Contact Name 4: _____ Email Address 4: _____

Please consider a gift to VNLA's Horticulture Research and Scholarship Foundation. All donations are 100% tax deductible. Research Scholarship \$25 \$50 \$100 Other \$ _____

MEMBER CATEGORIES

ACTIVE MEMBER (Gross Sales Volume)

- _____ Under \$100,000\$95.00
- _____ \$101,000 – \$500,000 \$195.00
- _____ \$501,000 – \$1,000,000 \$295.00
- _____ \$1,000,000 and above\$495.00

I certify that I have checked the correct dues category.

 (Signature)

- _____ **INDIVIDUAL ASSOCIATE MEMBER** \$65.00
 Certified VCH
- _____ **INDIVIDUAL ASSOCIATE MEMBER** \$95.00
 Available to individuals (not certified VCH)
- _____ **ALLIED MEMBER** \$295.00
 Available to businesses supplying products and services or organizations who wish to keep abreast of VNLA events/education
- _____ **OUT-OF-STATE MEMBER** \$295.00
- _____ **STUDENT MEMBER** \$25.00
 Enrolled at: _____
 (Graduation Date/Class of XXXX)

TYPE OF BUSINESS

- | | |
|--|--|
| <input type="checkbox"/> Allied Service Provider | <input type="checkbox"/> Lumber/Hardware/ Garden/Home Center |
| <input type="checkbox"/> Broker | <input type="checkbox"/> Re-Wholesale |
| <input type="checkbox"/> Design | <input type="checkbox"/> Retail Garden Center |
| <input type="checkbox"/> Florist | <input type="checkbox"/> Supplier |
| <input type="checkbox"/> Greenhouse | <input type="checkbox"/> Turfgrass Producer |
| <input type="checkbox"/> Interiorscape | <input type="checkbox"/> Wholesale |
| <input type="checkbox"/> Landscape | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Landscape Maintenance | |

Number of:

- | | |
|---------------------------|--|
| _____ Full-time Employees | _____ # of Acres in Production |
| _____ Part-time | _____ # of Acres in Container Production |
| _____ Seasonal | |

DUES PAYABLE BY APRIL 1

Pay with Credit Card:

VISA MasterCard American Express
 Credit Card #: _____
 Exp: ____/____/____ Security Code (required) _____
 Signature: _____
 Print Your Name: _____

Pay with Check:

Date Paid: ____/____/____ Check # _____
 Amount Paid \$ _____

PAY ONLINE AT VNLA.ORG