

OHIO'S PROFESSIONAL GREEN INDUSTRY ASSOCIATION



JOIN TODAY!

\$50 OFF

**Any NEW Regular or
Associate Membership**

SPECIAL MEMBERSHIP SAVINGS!

Take \$50 off any new Regular or Associate membership!

Simply complete and return your application for membership with this coupon and membership dues (at the discounted rate of \$250) to the OLA office by June 30, 2012.

(Your membership will be valid through October 31, 2012.)



Ohio Landscape Association, 9238 Broadview Road, Broadview Heights, OH 44147
Phone: (440) 717-0002 • Toll Free: 1-800-335-6521 • Fax: (440) 717-0004
www.OhioLandscapers.org • www.MyOhioLandscape.com

Encouraging professional standards and promoting the green industry for over 45 years!

BENEFITS OF MEMBERSHIP



**OHIO
LANDSCAPE
ASSOCIATION**

Encouraging Professional Standards and
Promoting the Green Industry

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Broadview Hts., OH 44147**

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**Industry Website:
www.OhioLandscapers.org**

**Consumer Website:
www.MyOhioLandscape.com**

Group Workers' Compensation

Substantial base rate reductions (up to the maximum allowed discount for the 2011/2012 rating year).

Medical Benefits

Affordable coverage that you can offer to your employees.

Credit Card Processing

Competitive pricing for processing debit and credit cards, customer loyalty programs, gift cards, and more!

Publications

Monthly magazine, Membership Directory, and OLA members-only publications.

International Certification Program

The OLA is proud to be involved in a partnership that offers PLANET's Landscape Industry Certified Technician's Test in Ohio. Stand out and show your professionalism!

OLA Education Series

The OLA offers many opportunities to tune your business and technical skills. Members receive discounted pricing and wait list priority for education seminars and clinics.

OLA Professional Website

The OLA Member Center gives OLA members exclusive access to important industry information, downloadable OLA logos for use on your marketing materials and website, the ability to view and download the OLA membership directory, business resources such as links to sites that will help you run your business more efficiently, downloadable forms to keep your business in compliance with PUCO regulations, and much more!

Public Relations

Increased public awareness through participation in public events, news releases to the press, and our award winning consumer website, www.MyOhioLandscape.com; offering a free referral database of our members to consumers.

Regular Programs / Meetings

Meetings with great speakers are held in the Cleveland and Columbus regions at NO COST to members.

Landscape Ohio! Awards Program

This prestigious awards program was created to increase awareness of quality landscaping and how it improves our environment. This annual competition recognizes and applauds designers, installers, and property owners.

Advocacy

OLA works on legislative issues, both at the State and Federal levels, that may affect your business and our industry.

Fuel Discount Program

Volume discounts for OLA members participating in this group savings plan.

CDL Compliance

Discounts on commercial driver's license training.

Scholarships

The OLA is involved with vocational schools and colleges throughout the state, promoting the landscape industry, and offering scholarships to high school and college students studying horticulture.

OLA Scholarship Golf Classic

A great time and a great fundraiser to support OLA Scholarships!

Human Resource Materials

Group discounts on drug free workplace programs, employee manuals and more.



APPLICATION FOR MEMBERSHIP

Rev 06/11

(Please print or type all information)

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.

Please select one person in your company to serve as the main contact person for the Association. All mail will be addressed to this individual.

Contact Person's Name _____ Cell Phone () _____

Business Owner's Name(s) _____ First Year Business Operated: _____

Business Name _____

Type of Business: Individual Partnership Corporation Other _____ Approx.# of Employees: Full-Time _____ Part-Time _____

Business Mailing Address _____

City _____ State _____ Zip+Four _____ - _____ County _____

E-Mail _____ Web Site _____

Business Phone () _____ Fax () _____

Business Street Address (if different from above) _____

City _____ State _____ Zip+Four _____ - _____

I am applying for:

Regular Membership: A regular member is a firm, partnership, or corporation actively engaged in landscape construction by site improvement, landscape design, landscape installation, landscape maintenance, or lawn care. Regular members are voting members..... **Dues \$300**

- Please check all that apply:
- | | |
|---|--|
| <input type="checkbox"/> Residential Design | <input type="checkbox"/> Commercial Design |
| <input type="checkbox"/> Residential Installation/Plantings | <input type="checkbox"/> Commercial Installation/Plantings |
| <input type="checkbox"/> Residential Maintenance | <input type="checkbox"/> Commercial Maintenance |
| <input type="checkbox"/> Residential Fertilization/Applications | <input type="checkbox"/> Commercial Fertilization/Applications |
| <input type="checkbox"/> Residential Snow Plowing | <input type="checkbox"/> Commercial Snow Plowing |
| <input type="checkbox"/> Residential Irrigation | <input type="checkbox"/> Commercial Irrigation |
| <input type="checkbox"/> Residential Pavements / Walls | <input type="checkbox"/> Commercial Pavement / Walls |
| <input type="checkbox"/> Residential Wood Structures | <input type="checkbox"/> Commercial Wood Structures |
| <input type="checkbox"/> Other _____ | |

Approx. Annual Sales Volume
(Will be kept Confidential)

Please check one:

A. less than \$300,000

B. \$300,001 to \$750,000

C. \$750,001 to \$1,000,000

D. \$1,000,001 to \$3,000,000

E. \$3,000,001 to \$5,000,000

F. more than \$5,000,000

(This information is to help us target programs beneficial for our membership.)

Associate Membership: An associate member is a firm, partnership, or corporation actively engaged in a business or industry allied with landscape contracting. Anyone meeting the criteria for regular membership as previously described is not eligible for associate membership. Associate members are voting members..... **Dues \$300**

Provide brief description of business products / services _____

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 as previously described is not eligible for affiliate membership. Affiliate members are non-voting members..... **Dues \$30**

Name of Employer or OLA Member Firm _____

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 as previously described is not eligible for student membership. Student members are non-voting members..... **Dues \$15**

Name of School _____ Name of Advisor/Instructor _____

I, hereby swear that all of the information given on this application is true and correct. I attest to having and maintaining all the licenses and insurances required to operate my business legally in the State of Ohio while a member of the Ohio Landscape Association. I understand 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

Check Enclosed, No. _____ Charge to my MasterCard or Visa

Account Number: _____ Exp. Date _____

Name as is appears on card: _____ Signature _____

Billing Address and Zipcode of Card: _____ CVV2 Code _____

Mail Your Completed Application with Payment to:
Ohio Landscape Association, 9238 Broadview Road, Broadview Hts., OH 44147-2517
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