Student Member Benefits

- Receive our monthly publication the Growing Concern
- Receive all OLA Mailings
- Attend OLA Membership Meetings at NO COST
- Receive member pricing for OLA educational seminars
- Invitation to apply for OLA Scholarships
- Listing in OLA Annual Roster Book

Help shape the future of the green industry.

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APPLICATION FOR AFFILIATE / STUDENT MEMBERSHIP

(Please print or type all information)

Please be sure to complete every line of this application. If non-applicable, put N/A on the appropriate line so that we know that you have read each question. Incomplete applications cannot be processed. 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.

☐ 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 is not eligible for affiliate membership. Dues $30

YOUR NAME ____________________________ CELL PHONE ( ) ____________________________

NAME OF EMPLOYER OR OLA MEMBER FIRM

BUSINESS PHONE ( ) ____________________ FAX ( ) ____________________________

WEBSITE (if applicable) ____________________________ (Complete mailing address below)

☐ 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 is not eligible for student membership. Dues $15

PLEASE NOTE: STUDENT MEMBERSHIP is available as an individual membership and does not provide any benefits to the student member’s business, employees, or employer's business, including but not limited to the use of the OLA logo.

NAME OF SCHOOL

NAME OF ADVISOR/INSTRUCTOR ____________________________ EXPECTED GRADUATION DATE ____________

YOUR NAME ____________________________ CELL PHONE ( ) ____________________________

REQUIRED INFORMATION FOR ALL APPLICANTS:

MAILING ADDRESS ________________________________________________________________

CITY ____________________ STATE ______ ZIP __________ COUNTY __________________

E-MAIL ____________________________

Have you previously been a member of the Ohio Landscape Association? ☐ Yes ☐ No If so, when? From ______ to ______

I, hereby swear that all of the information given on this application is true and correct. I understand that I must keep my licenses and insurances in force to be a member in good standing with the Ohio Landscape Association. 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

PAYMENT INFORMATION:

☐ Check Enclosed, No. ______ Charge my ☐ MasterCard or ☐ Visa

ACCOUNT NUMBER: ____________________________ EXP. DATE ____________

NAME ON CARD: ____________________________ SIGNATURE ____________________________

BILLING ADDRESS OF CARD ____________________________ CVV2 CODE ________