

Landscape Ontario Horticultural Trades Association-- Membership Application

Company name _____ Title _____
 First name _____ Last name _____
 Address _____ City _____
 Province _____ Postal code _____ Website _____
 Phone _____ Fax _____
 E-mail _____ Business start date (mm/dd/yyyy) _____

I hereby consent to receive electronic communications from Landscape Ontario

Membership Type	Company Type		Cost
	<input checked="" type="checkbox"/> 1 primary job type	<input checked="" type="checkbox"/> all work areas that apply	
<input type="radio"/> Active Registered business in operation for more than 3 years, providing hard and soft landscaping <input type="radio"/> Interim Registered business in operation for at least 1 year but not exceeding 3 years providing hard and soft landscaping PLEASE COMPLETE SUPPLEMENTAL INFORMATION PAGE	<input type="checkbox"/> Landscape Contractor* <input type="checkbox"/> Landscape Designer* <input type="checkbox"/> Grounds Maintenance* <input type="checkbox"/> Lawn Care & Spray Contractor <input type="checkbox"/> Wholesale Nursery/Grower <input type="checkbox"/> Retail Garden Centre <input type="checkbox"/> Arborist/Tree Care <input type="checkbox"/> Greenhouse Operator <input type="checkbox"/> Snow Removal Contractor <input type="checkbox"/> Landscape Lighting <input type="checkbox"/> Interior Plantscaper <input type="checkbox"/> Irrigation Contractor <input type="checkbox"/> Tree Mover <input type="checkbox"/> Hydroseeding Contractor	<input type="checkbox"/> Landscape Contractor* <input type="checkbox"/> Landscape Designer* <input type="checkbox"/> Grounds Maintenance* <input type="checkbox"/> Lawn Care & Spray Contractor <input type="checkbox"/> Wholesale Nursery/Grower <input type="checkbox"/> Retail Garden Centre <input type="checkbox"/> Arborist/Tree Care <input type="checkbox"/> Greenhouse Operator <input type="checkbox"/> Snow Removal Contractor <input type="checkbox"/> Landscape Lighting <input type="checkbox"/> Interior Plantscaper <input type="checkbox"/> Irrigation Contractor <input type="checkbox"/> Tree Mover <input type="checkbox"/> Hydroseeding Contractor	<input type="radio"/> Active \$517.00 \$25.00 Legal Advice Fee \$70.46 HST = \$612.46 <input type="radio"/> Interim \$308.00 \$25.00 Legal Advice Fee \$43.29 HST = \$376.29
<input type="radio"/> Associate Supplier of products and/or services to the industry <input type="radio"/> Chapter Associate Supplier of products and/or services to only 1 region (chapter) of LO	<input type="checkbox"/> Sod Grower <input type="checkbox"/> Landscape Lighting Only <input type="checkbox"/> Manufacturer/Supplier of Related Products <input type="checkbox"/> Snow Removal Contractor Only <input type="checkbox"/> Excavator Only <input type="checkbox"/> Interlock Contractor Only <input type="checkbox"/> Others Allied to the Industry Please specify: _____		<input type="radio"/> Associate \$628.00 \$25.00 Legal Advice Fee \$84.89 HST = \$737.89 <input type="radio"/> Chapter Associate \$337.00 \$25.00 Legal Advice Fee \$47.06 HST = \$409.06
<input type="radio"/> Horticultural Personal	<input type="checkbox"/> Parks and Recreation/Municipal <input type="checkbox"/> Golf Course <input type="checkbox"/> Educator (applies to all staff within an academic institution. Names provided separately) <input type="checkbox"/> Cemetery <input type="checkbox"/> Media, Advertising <input type="checkbox"/> Government <input type="checkbox"/> Other: _____		<input type="radio"/> Horticultural \$164.00 \$21.32 HST = \$185.32
<input type="radio"/> Student/Apprentice For individuals enrolled in a full or part time horticultural or related post-secondary/ Apprenticeship program	School: _____ Expected end date: _____ Student email: _____		Complimentary with proof of enrollment and student email

I heard about Landscape Ontario membership from:

A Member Tradeshow Website School Magazine (name) _____ Other _____

Payment

Visa Mastercard AMEX Cheque (payable to Landscape Ontario; refer to reverse for mailing address)

Card number _____ Expiry date _____ Amount: _____

Name of cardholder _____ Signature _____

I have read and agree to the Statement of Conduct, Principles and Ethics on reverse

Signature _____ Date _____

PLEASE NOTE: The membership approval process takes approximately 30-45 days, pending Board approval. Applications are listed for approval at www.horttrades.com. An incomplete application will delay the process. All applications are subject to Board approval.

Membership Benefits	Active	Interim	Associate	Chapter Associate	Horticultural	Student
Advertising discounts	●		●			
Awards of Excellence	●	●				
Canada Blooms Ticket Discount	●	●	●	●	●	●
Congress/EXPO Exhibitor Discounts	●	●	●			
Consumer Promotion, Referrals and Member Profile	●					
Cost Saving Benefits	●	●	●	●		
Free link to your web site	●		●	●		
Government Relations	●	●				
Membership Certificate and Plaque	●		●	●		
Networking opportunities	●	●	●	●	●	●
Professional Development Opportunities	●	●	●	●	●	●
Promotional Materials	●		●			
Rental of Membership List* (mailing addresses)	●	●	●	●		
Subscription to weekly e-news, Landscape Ontario and Landscape Trades magazines**	●	●	●	●	●	●
Use of Logo	●		●	●		
Welcome to attend Chapter meetings	●	●	●	●	●	●
Legal advice program (additional fee)	●	●	●	●		

PLEASE NOTE: *Chapter Associates will only have access to member lists within their Chapter region

**Student members will only receive electronic subscriptions to the weekly e-news and Landscape Ontario magazine

Statement of Conduct, Principles and Ethics

This statement outlines the most important principles of ethical and professional conduct. Members are encouraged and expected to observe these principles in spirit as well as letter.

General Principles

- To serve our clients with integrity, knowledge and creative ability
- To act fairly, honestly and in a manner they would be prepared to defend publicly
- To maintain confidence and trust in the profession of horticulture
- To protect, at all times, the integrity of the profession, the interests of the client and the general public
- To continually improve their own professional knowledge and skill and keep abreast of new developments in their industry
- To encourage and support education and research within the horticultural field
- To provide other members with helpful, constructive and professional advice, coaching and mentorship when necessary in order to improve the professional reputation and image of the industry
- To consistently maintain the confidence and trust in the profession

Operating Principles

- Members have an obligation to deliver goods and services in an efficient and cost-effective manner, (according to contract specifications) in order to protect the client's interest while maintaining acceptable standards
- Members advertising shall be neither false nor in any way misleading
- Members shall respect and improve the environment
- Members shall treat employees fairly, honestly and lawfully
- Members shall not make false or malicious statements that may injure the professional reputation of other members
- Members shall endeavor to attract to the profession, individuals with a high degree of honesty, courtesy, integrity and competence
- Members shall meet their obligations and responsibilities to clients, suppliers and employees

For more information contact membership services

7856 Fifth Line South, Milton, ON L9T 2X8

Tel: (905) 875-1805

Fax: (905) 875-3942

Toll-free: 1-800-265-5656

membership@landscapeontario.com

HORTICULTURAL TRADES ASSOCIATION
landscapeontario.com



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Landscape Ontario Membership Application—Supplemental Information

Active or Interim Membership

Company Name: _____

* If your company fits under the category of **Landscape Contractor, Grounds Maintenance, or Landscape Designer**, you **MUST** complete either option 1 or option 2.

Option 1: Education/Training

Fill out this section if you have a horticultural degree/diploma or have passed a certification: (if not, please go to option 2).

Name of Institution: _____
Years attended: _____
Program Name: _____
Level completed _____

A copy of certificate/diploma/degree is attached: YES NO

As the company owner/manager, I have passed a Certification Test through Landscape Ontario:
CLP, CHT, CLD or CIT (circle one).
Date passed: _____

Option 2: Job Site Photos*

As part of your accreditation, job site information and photos are required. Please email two photos per job site, for two separate job sites to membership@landscapeontario.com or provide your company's website _____.
Please use the space below to describe what you did at both job sites:

DESCRIPTION 1

DESCRIPTION 2

*Your application will not be processed until all four photos have been received.

COMPANY OPERATION

1) DOES THE APPLYING COMPANY HAVE EMPLOYEES

NO YES IF YES, WSIB INFORMATION REQUIRED. WSIB account# _____ Rate group _____

2) Please complete the following business liability insurance information:

Insurance Provider: _____ Policy Number: _____

EDUCATION AND TRAINING OPPORTUNITIES

Please include your staff that would like to receive communications from Landscape Ontario about upcoming education and training opportunities

Employee Name _____	Contact Information _____
Employee Name _____	Contact Information _____
Employee Name _____	Contact Information _____
Employee Name _____	Contact Information _____

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.

1. Company name _____	2. Company name _____
Contact name _____	Contact name _____
Email _____	Email _____
Fax _____	Fax _____

LAWN CARE OPERATORS & APPLICATORS

If your company fits under the category of **Lawn Care & Spray Contractor Operator**, you must complete the following section.

Operator License _____
License Holder Name _____ Expiry Date _____
Applicator License _____ LICENSE HOLDER NAME _____
EXPIRY DATE _____

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