



Piedmont Landscape Association

P.O. Box 1678
Charlottesville, Virginia 22902
membership@piedmontlandscape.org
www.piedmontlandscape.org

Membership Application

Applicant: _____ Spouse: _____

Membership Type: **Full Member** **Associate Member**
Check one: Fee: \$30.00 Fee: \$35.00

**HOME
INFO**

Address: _____
Phone: _____ Mobile: _____
Email: _____

**BUSINESS
INFO**

Company: _____
Job Title: _____
Address: _____
Phone: _____ Mobile: _____
Email: _____
Website: _____
Brief Job Description: _____

All the above information will appear in the next *PLA Membership Directory* unless you request otherwise. Please note that the PLA does not make the Directory available to the public.

_____ I would also like my business information to be listed on the PLA website.

_____ Please email the monthly newsletter to my *business / home / both* (**circle one**).

_____ I do not have email. Please **mail** my newsletter to my *home / business* address (**circle one**).

Name of PLA Sponsor : _____

Upon approval of my membership, I agree to abide by the PLA Code of Ethics and I understand that breaching this Code would be grounds for removal from the membership. Check here to agree: _____

Signature _____ Date _____

Please return this application with the application fee to the address above- Attn: Membership Chair.

Applicants are strongly encouraged to attend general meetings during this review process. Please refer to our website listed above for questions regarding our membership process.

Please make checks payable to the PLA.

office use only:

Received / (chk #):	Decision: Approved / Denied	Decision Date:
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