



# 2011 CLA Member Information Form

Please complete this form to ensure complete and accurate listing of your firm in the online and print directories. Thank you!

## Member Information

Company Name:		
Member Name:		
Title:		
Company Address:		
City:	State:	Zip:
Office Phone:	Fax:	
E-mail:	Web Site:	

The following information is optional. If provided, it will be published in the membership directory only.

Home Address:		
City:	State:	Zip:
Home Phone:	Cell:	
Spouse's Name:		

## Licenses/Certificates (Please check all that apply.)

<input type="checkbox"/> Certified Arborist	<input type="checkbox"/> Home Improvement Contractor
<input type="checkbox"/> Certified Irrigation Contractor	<input type="checkbox"/> Nursery (Dealer's, Grower's or Stock Inspection)
<input type="checkbox"/> Certified Landscape Irrigation Auditor	<input type="checkbox"/> OCNT
<input type="checkbox"/> Certified Landscape Professional	<input type="checkbox"/> OCNT -Master
<input type="checkbox"/> Certified Landscape Technician	<input type="checkbox"/> Pesticide
<input type="checkbox"/> Educator	<input type="checkbox"/> Other: _____

## Company Information for the Membership Directory (Please check all that apply regarding your company's specialties and services)

<input type="checkbox"/> Arborist	<input type="checkbox"/> Landscape Design
<input type="checkbox"/> Aquatics/Water Gardens/Fountains	<input type="checkbox"/> Landscape Lighting
<input type="checkbox"/> Compost/Mulch/Topsoil	<input type="checkbox"/> Landscape Maintenance
<input type="checkbox"/> Garden Center Retail	<input type="checkbox"/> Landscape Planting
<input type="checkbox"/> Horticulture Consultant	<input type="checkbox"/> Pesticide Application
<input type="checkbox"/> Interiorscapes	<input type="checkbox"/> Seed/Lawn Installation
<input type="checkbox"/> Irrigation Installation	<input type="checkbox"/> Sod/Turfgrass
<input type="checkbox"/> Irrigation Supplies	<input type="checkbox"/> Stone/Paver Suppliers
<input type="checkbox"/> Landscape Architect (staff)	<input type="checkbox"/> Wholesale Plant Material
<input type="checkbox"/> Landscape Construction	<input type="checkbox"/> Other: _____

**Permission to Print Your Information**

Please check one of the following options:

I'd like my information to appear:

Only on the  
Web site

Only in the  
Directory

In Both

Do not include my information in the 2011 CLA Membership Directory or on the Web site.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

\*Please remember to sign your form before submitting it. Information on forms submitted without a signature cannot be printed or posted on the CLA Web site or in the membership directory.

**Please mail or fax (both sides) of this form to the CLA office:**

**P O Box 963  
Columbus OH 43216  
Fax: 888-850-8859**