



2019 MEMBERSHIP APPLICATION

Name: _____

Name of Business: _____

Address: _____

E-Mail: _____

Preferred Phone #: _____

CK	MEMBERSHIP CATEGORIES	DUES
<input type="checkbox"/>	Single	\$ 80.00
<input type="checkbox"/>	Dual - one single member and one dual member Name of Dual Member: _____	\$ 90.00
<input type="checkbox"/>	Corporate – one primary member and up to 10 employees Names of Employees: _____ _____ _____	\$ 100.00

BUSINESS INFORMATION

Areas Served (Counties, Cities): _____

Types of Services Provided: _____

Specialties: _____

Business Phone #: _____

Business Website: _____ Business Email: _____



OPTION FOR FREE WEBSITE ADVERTISING – CHECK IF INTERESTED:
Please list your Business Information above as you would like it to appear to potential clients; no edits will be made. For suggestions, see the webpage, "Find A Gardener".

Send completed form with your check payable to:
Association of Professional Gardeners, 878 Dollar Bay Drive, Lake Orion MI 48362
 E-mail questions to: www.aprogardener@gmail.com or suegrubba@sbcglobal.net