



Corporate Associate Membership Application

Join America's only national association for public garden professionals!

Full Name _____

Organization (if applicable) _____

Address _____

City, State, Zip Code _____

Country _____

Phone # _____

E-mail _____

Website (if applicable) _____

Company Description (50 words or less)

Please choose the category that **best** reflects your company's product or service:

- Architectural Services
- Consultant
- Exhibits
- Engineering
- Flower Bulb Grower/Wholesaler
- Fundraising
- Furniture & Accessories
- Greenhouses
- Horticultural Services
- Insurance
- Signs & Labels
- Landscape Architect
- Master Planning
- Manufacturer
- Management Services
- Marketing & Advertising
- Plant Material
- Publishing
- Retail & Retail Services
- Software & Technology
- Strategic Planning
- Surveying
- Travel
- Tree Care

Membership Dues Amount: \$250

Check (made payable to APGA in U.S. Dollars)

Credit Card (MC or Visa)

Type of Card: _____

Card #: _____

Exp. Date: _____ code#: _____

Signature: _____

Please return this form to:

American Public Gardens Association 351 Longwood Road, Kennett Square, PA 19348
Tel: 610.708.3010 | fax: 610.444.3594 membership@publicgardens.org