

900 Des Moines Street Des Moines, IA 50309 515.262.8323

Annual membership enrollment for the period of July 2024 - June 2025

Contact Name:	
Company:	
Company Address:	
City:	State Zip
Telephone #:	
E-mail: Website:	
Please review the abov inform	re information carefully. This is the contact information that INLA has for you, and all ation is important. Please provide and/or correct listed information.
Additional Emails: If yadditional contacts within company who should reculved the communications, played their email address.	eive ease ———————————————————————————————————
,	Annual Associate Membership investment for the period of July 1, 2024 through June 30, 2025
andscaping firms. Any who	p in the manufacturing, vending or distribution of goods or supplies used by nurseries, garden centers, or lesale or retail nursery, retail garden center, or landscaping firm whose primary location is situated members are not entitled to vote at meetings of the Association.
Annual Investment \$10 of your INLA an	t: \$200 per entity inual dues will be directed to AmericanHort to cover the Lighthouse program participation fee.
	Service Donation: \$25 4 at the lowa State Capitol. ted to participate.
TOTAL AMOUNT ENCLO	SED: \$

Please return this form with payment to:

<u>lowa Nursery & Landscape Association</u> 900 Des Moines St. Des Moines, IA 50309

Or pay by credit card at: https://agribiz.swoogo.com/INLA_membership

If your payment has recently been made, please disregard this notice.