



Referred by: (please include full name and company) _____

Section A: Member Data

Company: _____ **Billing Contact:** _____
Address: _____ **Phone:** _____
Email: _____ **Mobile:** _____
Gross annual sales: \$ _____ **Website:** _____
Chapter: Denver Mountain Northern Southern Southwest Western Out of State **Year company founded:** _____

Why did you choose to join ALCC? _____

Section B: Landscape service company information

Type of work: Commercial Residential Government
Services offered: Installation Maintenance Design Irrigation Snow Removal Tree Care

Section C: Choose your member category:

<p>Regular: Landscape Service Company <i>Any business that provides landscape services including installation, maintenance, irrigation, design, gardening, snow management, holiday lighting, or related services.</i></p> <p>Dues based on gross annual sales.</p>	Gross Annual Sales:	
	<input type="checkbox"/> Class A: Under \$100,000 \$402 <input type="checkbox"/> Class B: \$100,001-200,000 \$664 <input type="checkbox"/> Class C: \$200,001-500,000 \$870 <input type="checkbox"/> Class D: \$500,001-Million \$1159	<input type="checkbox"/> Class E: \$1-5 Million \$1540 <input type="checkbox"/> Class F: \$5-10 Million \$1921 <input type="checkbox"/> Class G: \$10-15 Million \$2426 <input type="checkbox"/> Class H: >\$15 Million \$2894

<p>Suppliers: <i>Any business that offers products or services to the landscape industry (i.e. nurseries, equipment dealers, irrigation suppliers, professional services, etc.)</i></p> <p>Dues based on gross annual sales.</p>	<input type="checkbox"/> Class 1: Under \$250,000 \$402 <input type="checkbox"/> Class 2: \$251,000-500,000 \$690	<input type="checkbox"/> Class 3: \$501,000-Million \$1133 <input type="checkbox"/> Class 4: >\$1 Million \$1354
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Affiliate: *Governmental or quasi-governmental entity, educational institution, municipalities and their agencies* **\$237**

Student: *Full time student who does not own a landscape company. Student membership is affiliated with corresponding educational institution and is not affiliated with any landscape company. Please provide school, program of study and anticipated completion date:* **\$35**

Section D: Authorization

Affidavit of Understanding: I hereby certify that the above information is true and correct and that I have accurately represented our company. I understand that membership is valid through June 30, 2020 and will be up for renewal on an annual basis thereafter. I further certify that our company possesses current workers' compensation insurance and vehicle liability insurance, as well as proper pesticide licensing and other permits as applicable and will uphold all other requirements dictated by Colorado law. I understand that my commitment as an ALCC member is to maintain the above licenses, insurance and permits as they pertain to my business. I also pledge to uphold ALCC's standards of conduct and will strive for excellence in my business. Two percent of membership dues are allocated to lobbying and not tax deductible. On behalf of my organization, I am authorized and hereby consent for the organization to receive emails sent by, or on behalf of, ALCC so that we may take full advantage of ALCC programs.

Signature: _____ **Date:** _____

Section E: Payment

Check Credit Card: _____ 3 or 4-digit sec code: _____ Exp. _____
Billing Address: _____ **Cardholder Name:** _____
Dues Total: \$ _____ **Cardholder Signature:** _____