

APPLICATION FOR PROFESSIONAL LANDSCAPE MEMBERSHIP



<p>Application is open to individuals who achieved a significant profile in their professional capacity and who accept the objects and rules of the Federation</p>	<p style="text-align: right;">Please note:</p> <p>Minimum term of trading in interior landscaping industry is 5 years. All the information provided will be confidential to the plants@work Administrator.</p> <p>This application form when completed, should be returned to: PO BOX 196, Romsey, Hampshire, SO51 7PF, info@plantsatwork.org.uk</p>
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APPLICANT INFORMATION

Name:		
Address:		
City:	County:	Post Code:
Telephone:	Fax:	E-mail:
Position in the Business	Contractor / Supplier	

COMPANY

Name:		
Address if different:		Telephone:
City:	County:	Post Code:
Website:	E-mail	

REFERENCES

Name:	Name:
Contact details:	Contact details:

TELL US WHY YOU SHOULD BE CONSIDERED FOR THE PLANTS@WORK MEMBERSHIP

Please include your short professional biography

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RECENT CONTRACTS		
Please give the examples of contracts carried out during last 2 years; please include pictures for each site		
1. Name	Address	Description
2. Name	Address	Description
3. Name	Address	Description
SIGNATURE		
I authorize the verification of the information provided on this form		
Signature of applicant:	Date:	
Full Name		

Subscription is to be paid to:

Account Name: Plants at Work Association Ltd
 Sort Code: 20-97-58
 Account Number: 00464686

Please read:

I wish to join plants@work, The European Federation of Interior-landscape Groups Ltd for a minimum of 1 year.

I understand that the plants@work Membership entitles my company to:

- listing on the plants@work website as an associated member
- displaying plants@work logo on company's headed paper
- training at members' discounted rates
- enter the plants@work Awards
- plants@work Newsletter

I understand that the Plants at Work Associated Membership does not entitle my company to:

- vote at the Annual General Meeting
- become a member of the Steering Committee

Signed _____ Date _____

Full Name of Person making application _____ Position in the Business _____