

APPLICATION FOR STUDENT MEMBERSHIP

| Name: | Date: |
|--|---|
| Address: | |
| - | Email: |
| College/University | |
| Business Name: | Website: |
| | |
| | dscape Design/Horticulture at an accredited college or university. graduation in order to gain experience toward certified membership |
| Professional Endorsement (One professor or instructor un I am acquainted with the applicant and honestly believe that | nder whom you are studying required.) It the individual will be an asset as a Student Member of the VSLD. |
| Name | Date |
| Name of Business | |
| Phone # | |
| Signature | _ |
| Please submit this application form, a copy of your transcription annual membership dues of \$30.00. Mail to: Janet Baruch, VSLD Membership Chair Greenway Gardens 23 Towana Road Richmond VA 23226 | t or other proof of enrollment, and a check payable to VSLD for the |
| (804) 357-0255 Email: <u>greenwaygardens@aol.com</u> | |
| Applicant's Statement: I hereby apply for membership in the doing agree to observe all rules and regulations of the Societall times based on honesty, fairness, and the highest standard | ety. I further agree to conduct my professional affairs at |
| Signed: | Date: |