

# LANDSCAPE INDUSTRY COUNCIL OF HAWAII

Renew your membership online at [www.hawaiiscape.com](http://www.hawaiiscape.com)

**1** I Am A: \*Required Field (Select all that apply):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Arborist/Tree Worker  | <input type="checkbox"/> Owner                        | <input type="checkbox"/> Researcher/Student  |
| <input type="checkbox"/> Botanist/Conservation | <input type="checkbox"/> Landscape Architect/Designer | <input type="checkbox"/> Retailer/Wholesaler |
| <input type="checkbox"/> Facility/Site Manager | <input type="checkbox"/> Manufacturer                 |  |
| <input type="checkbox"/> Landscaper            | <input type="checkbox"/> Pesticide Applicator         | Other: _____                                 |

**2** My Company or Department is: \*Required Field (Select all that apply):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Botanical Garden    | <input type="checkbox"/> Landscape Design Firm  | <input type="checkbox"/> Retailer          |
| <input type="checkbox"/> Conservation Agency | <input type="checkbox"/> Landscape Construction | <input type="checkbox"/> School/University |
| <input type="checkbox"/> Golf Course         | <input type="checkbox"/> Landscape Maintenance  | <input type="checkbox"/> Wholesaler        |
| <input type="checkbox"/> Government Agency   | <input type="checkbox"/> Plant Nursery          | <input type="checkbox"/> Tree Trimming     |

**3** Associations: \*Required Field (Select all that apply):

- |                               |                                |                                |                                |               |
|-------------------------------|--------------------------------|--------------------------------|--------------------------------|---------------|
| <input type="checkbox"/> LICH | <input type="checkbox"/> GCSAA | <input type="checkbox"/> HILA  | <input type="checkbox"/> MALP  | Others: _____ |
| <input type="checkbox"/> AAA  | <input type="checkbox"/> HAN   | <input type="checkbox"/> HLICA | <input type="checkbox"/> ONGA  | Others: _____ |
| <input type="checkbox"/> ASLA | <input type="checkbox"/> HFBF  | <input type="checkbox"/> ISA   | <input type="checkbox"/> USGBC | Others: _____ |
| <input type="checkbox"/> BIAN | <input type="checkbox"/> HFNA  | <input type="checkbox"/> KLIC  |                                | Others: _____ |

**4** Company's Specialization: \*Required Field \_\_\_\_\_

**5** How many full-time and part-time employees in your company?

- 1 to 10     
  11 to 25     
  26 to 50     
  50 to 100     
  101+

Privacy Disclaimer – LICH reserves all rights to contact all magazine subscribers via mail or electronic with option to opt out of communications. LICH reserves all rights to print contact information for an industry directory. LICH will not sell or provide contact information to any third party unless legally mandated.

## 2019 Membership New / Renewal Application

Valid through December 2019

**Individual Membership:** \$40 per year | **Corporate Membership:** \$250 per year unlimited employees

<b>Company:</b> _____	<b>Individual member names:</b> Circle <b>R</b> enew or <b>N</b> ew
<b>Address:</b> _____	<b>1.</b> _____ R N
<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____	<b>2.</b> _____ R N
<b>Phone:</b> _____ <b>Fax:</b> _____	<b>3.</b> _____ R N
<b>E-Mail:</b> _____	<b>4.</b> _____ R N
<b>Web Site:</b> _____	Add more on additional sheet if necessary

Make check payable to LICH You may also pay by credit card, (Master or VISA only)

<b>Name on card:</b> _____	<b>Amount to charge \$:</b> _____
<b>Card number:</b> _____	<b>Card Code:</b> _____ <b>Exp date:</b> _____ <b>Zip</b> _____

**Mail to:** LICH Membership, P.O. Box 22938, Honolulu, HI 96823-2938

Renew your membership online at [www.hawaiiscape.com](http://www.hawaiiscape.com)