

# 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+

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Valid through December 2020

**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
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