



**Application for Membership
The American Nursery Credit Association, Inc. (ANCA)**

REQUIREMENTS FOR MEMBERSHIP

Members consist of persons, firms or corporations engaged in active business as wholesale nurseries and/or nursery supply business who have been in operation a minimum of three (3) years, and also maintain a good credit standing.

All applicants must submit a complete report of at least 75 customers with sales of \$1,000 or more within the last year. All applicable accounts must be listed. One (1) member sponsor and (2) separate trade references are required.

Instructions:

- 1) Complete all required information where applicable to your operation. Be sure it is legible.
- 2) Applicants must supply the name of one ANCA member as a sponsor and Two Nursery Industry Trade References.
- 3) List all references with full names, addresses and locations.
- 4) Be certain the application is dated and properly signed by an authorized person of your firm.
- 5) Prior to approval of your application the following is required.

- **Annual Dues \$400**

Article III Page 4 Electronic Input:

Each member’s name shall be permanently numbered and recorded by the Secretary. Member shall be responsible for the security of the ‘Key’ and all dates contained on the website. The website is for the exclusive use of individual member firms and does not extend to parent, subsidiary or closely related companies. The penalty for imparting to non-members any information contained in the website shall be

- A. A fine of at least \$100 and no more than \$1,000;
- B. Suspension from membership for one year, or
- C. Expulsion from membership

Said negligent member shall also indemnify the Association, it’s Officers, Directors and Publishers, or any liability that may be assessed by judgment or settlement against each or any of them.

The Board of Directors shall, after investigation and a hearing, enforce this bylaw and prescribe the penalty.

APPLICANT MUST COMPLETE ALL INFORMATION

Primary Contact Name: _____ Email: _____

Firm’s Legal Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Authorized Signature: _____

Check here to permit e-communications from ANCA (Canadian residents only)

Check One: Corporation Partnership Sole Proprietorship LLC LLP

In Business Since: _____

Principal Business: _____

Annual volume of wholesale sales in last complete fiscal year \$ _____ (Kept Confidential)

List all Officers or Partners:

1) _____ 2) _____ 3) _____ 4) _____

Referred By: _____

(If you are a member of a national or state nursery association, the association name must be listed to receive your membership discount.)

ANCA Member Sponsor: _____

(If unknown, ANCA will assist in locating a sponsor.)

Nursery Industry Trade References: (Two Required)

1) Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

2) Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

AFFIDAVIT OF APPLICANT

I/We hereby pledge _____ in becoming a member of The American Nursery Credit Association, Inc. To submit a complete report of at least 75 nurseries, florist, dealers, seedsman and landscape operators with whom I/We have had business transactions during the year involving a minimum experience of \$1,000 or more in each instance, giving actual experiences as reflected by My/Our records. I/We further agree to comply with the rules and requirements of the association. I/We will not impart to non-members any information contained on the website or Key. I/We hereby bind to protect the association and bear all costs of suit or legal action that may be taken against the association created or caused by any statement furnished by My/Our company for the reports which is unwarranted in the judgment of the Executive Committee after proper investigations are completed.

PAYMENT INFORMATION

U.S. funds only.

Total Amount Due: \$400

Method of payment: Check # _____ Visa MasterCard Discover

Card Number: _____ Expiration Date: _____ CVV Code: _____

Name on Card (*please print*): _____

Signature: _____

Billing Address: _____
