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**Staff Use Only:**  
 WALP Bucks \_\_\_\_\_

## 2012 WALP Membership Application (Revised 10/12/11)

### Company Information • Please Print Or Type

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Owner/Principal Officers

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Phone Fax

\_\_\_\_\_  
Cell Phone URL

\_\_\_\_\_  
WA State Contractor's # UBI Tax #

\_\_\_\_\_  
Name of Person That Referred You To WALP

### Membership Dues

*Based on reported annual Gross Sales in Washington State.*

*Contributions or gifts to WALP are not deductible as charitable contributions for Federal Income Tax Purposes. Dues payments may be deducted as an ordinary and necessary business expense. The Omnibus Budget Reconciliation Act of 1993 requires WALP to inform each member that an estimated 5% of dues in 2011-2012 will be allocated to lobbying expenditures as defined by the Act and is, therefore, not deductible as a business expense.*

Indicate your category <input checked="" type="checkbox"/>	Category	Annual Gross <i>Please pay at highest applicable rate</i>	Dues
	Contractor C-1	Up to \$100,000	\$ 265
	Contractor C-2	\$100,001 to \$250,000	\$375
	Contractor C-3	\$250,001 to \$500,000	\$ 545
	Contractor C-4	\$500,001 to \$1,000,000	\$ 714
	Contractor C-5	Over \$1,000,000	\$880
	Supplier S-1	Main Office	\$ 370
	Supplier S-2	Each Branch Office	\$ 185
	Affiliate A-1	Municipalities, Parks, Govt. Agencies, etc.	\$ 444
	Affiliate A-2	Landscape Architects, Designers, Consultants, Educators	\$ 195
	Affiliate A-3	Professional Individual Non-Affiliated (State Board Approval Only)	\$111
	Affiliate A-4	Student - with proof of current enrollment	\$ 36

### Business Specialties

*Please Check All That Apply*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Residential           | <input type="checkbox"/> Landscape Installation | <input type="checkbox"/> Design/Build     |
| <input type="checkbox"/> Landscape Maintenance | <input type="checkbox"/> CLP                    | <input type="checkbox"/> Award Winner     |
| <input type="checkbox"/> CLT                   | <input type="checkbox"/> Landscape Architect    | <input type="checkbox"/> Holiday Lighting |
| <input type="checkbox"/> Commercial            |   |   |

I certify to the best of my knowledge that the above information is correct, and I agree to abide by WALP's Code of Ethics.

\_\_\_\_\_  
Signature Date

### WALP Education Foundation Donation

Yes, I would like to make a tax-deductible donation to the WALP Education Foundation. Please count my contribution of \$\_\_\_\_\_ per  month (\$25 minimum) or  one time.

#### Payment

Check or Money Order       VISA       MasterCard

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on Card (please print) \_\_\_\_\_

**Total Payment Amount \$** \_\_\_\_\_