

NWILA Membership Application



Business Name _____ Phone Number _____

Applicants Name _____ Fax Number _____

Business Address _____ E-mail _____

Main Focus of Business _____

Names Of Partners Or Corporation Officers:

Name _____ Title _____ Phone# _____

Name _____ Title _____ Phone# _____

Name _____ Title _____ Phone# _____

Tax ID Number _____

DOT Number _____ (If applicable)

Copy of County Bond Attached _____

Copy of County or City License Attached _____

Copy of Insurance Liability & Property Damage Attached _____

Copy of Workman's Compensation Insurance Attached _____

Irrigation Applicants

Copy of Plumbing Licenses Attached _____

Fertilization Applicants

Copy of Applicators License Attached _____

Lighting Applications

Copy of Electrical License Attached _____

Vendor Applications

Sales Tax Number _____

Additional Information

List of Organizations You Belong To: _____

A Charitable Organization You Would Like To Donate To _____

Membership Dues - Retail and Service Companies

Check for Yearly Membership Dues \$150.00 Attached _____

Vendors or Suppliers \$250.00

Signature _____ Date _____

Interviewed BY What Member: _____ Date: _____

Please mail to: NWILA, 1205 Erie Court, Crown Point, In 46307