

We need to keep our mailing list current. Please fill out all information and be sure to include your email address. Thank you.



Maui Association of Landscape Professionals (MALP)
2007 Application for Membership

Name: _____ Date: _____

Business Name: _____

Address: _____

Type of Business: _____

Phone Numbers:
Business: _____ Home: _____ Fax: _____

E-Mail: _____ Mobile: _____

Additional Employee Members:

Name: _____

Name: _____

New Membership: _____ Renewal: _____

Dues are \$45. per year, per person. Number of Members: _____ x \$45. each = _____

Amount Enclosed: _____

Would you like to be included in the Membership Directory? Yes: _____ No: _____

Submit to: MALP
Maui Association of Landscape Professionals
PO Box 2099
Wailuku, HI 96793

For More Information Call: 877-6636