



# NNBA Confidential Membership Application

**Northwest Nursery Buyers Association**

PO BOX 288, Welches, OR 97067  
Office – 503-622-1260 Fax – 503-622-1284

## Business Information

Date: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

Fed. Tax ID#: \_\_\_\_\_

State Tax ID#: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Cell: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E Mail: \_\_\_\_\_

\_\_\_\_\_

Website: \_\_\_\_\_

Store Name: \_\_\_\_\_

Store Manager: \_\_\_\_\_

Store Address: \_\_\_\_\_

\_\_\_\_\_

Years in business under present ownership: \_\_\_\_\_

Total years in business under any ownership: \_\_\_\_\_

Name of person responsible for accounts payable: \_\_\_\_\_

Are there any judgments or liens against the business: \_\_\_\_\_

If yes, explain:

Have you or your business ever filed for bankruptcy: \_\_\_\_\_

If yes, explain:

### BUSINESS FORM:

- Corporation
- Partnership
- Proprietorship
- LLC

# Ownership

## If Corporation or LLC:

Year and state in which incorporated: \_\_\_\_\_

List all shareholders and directors:

NAME	ADDRESS	SHARES HELD	OFFICE HELD
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## If Partnership:

Date formed: \_\_\_\_\_

List all partners:

NAME	ADDRESS	OFFICE HELD
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**REFERENCES:**

A separate prepared reference sheet is acceptable if preferred.

**BANK:**

Name	Address	Phone	<i>Account Number</i>
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**TRADE:**

Name:	Phone:	Fax:
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- 1. 

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- 2. 

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- 3. 

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- 4. 

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- 5. 

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- 6. 

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- 7. 

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- 8. 

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# Key Vendors

Please list your top 10 vendors:

Vendor:	Annual Purchases:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

## Nature of Business:

### VOLUME

Annual Volume: \_\_\_\_\_

Give % of total for each category:

Garden Store: \_\_\_\_\_ Green goods: \_\_\_\_\_ Landscape: \_\_\_\_\_ Florist: \_\_\_\_\_ Furniture: \_\_\_\_\_

Wholesale: \_\_\_\_\_ Gift: \_\_\_\_\_ Pet: \_\_\_\_\_ Christmas: \_\_\_\_\_ Other (Specify): \_\_\_\_\_

### HISTORY

Company started: \_\_\_\_\_ Years open at this location: \_\_\_\_\_ Number of locations: \_\_\_\_\_

Other business units: \_\_\_\_\_ Production: \_\_Y / N Landscape: \_\_Y / N

### FACILITY

Total property: \_\_\_\_\_ Is property \_\_Owned / Leased

Total retail site space: \_\_\_\_\_ Total covered space: \_\_\_\_\_

Greenhouses: \_\_\_\_\_ Shade House: \_\_\_\_\_ Warehouse: \_\_\_\_\_

Garden store space: \_\_\_\_\_ Other major departments: \_\_\_\_\_

Number of parking spots: \_\_\_\_\_ Parking lot: \_\_Paved / Gravel\_\_

### CHECK OUTS

Number of register lanes: \_\_\_\_\_ Outside or seasonal registers: \_\_\_\_\_

Point of Sale: Y / N Brand: \_\_\_\_\_

### STAFF

Number of full time employees: \_\_\_\_\_

Number of part time employees: \_\_\_\_\_

Number of seasonal employees: \_\_\_\_\_

## Obligations of Membership:

### IN THE EVENT MY APPLICATION FOR MEMBERSHIP IS APPROVED, I AGREE TO THE FOLLOWING:

1. Members are required to attend two meetings a year (currently in February and October).
2. Member's volume with the Association must be a minimum of \$50,000 per year.
3. Members are expected to pay all bills strictly according to terms as established by the Board of Directors.
4. Members secure their potential debt with NNBA by one of three means:
  - a. Issuing NNBA an Irrevocable Letter of Credit from their bank in an amount set by the Board of Directors.
  - b. Issuing NNBA a Security Agreement on inventory.
  - c. Paying cash in advance for all purchases or having a cash deposit on hand in an amount set by the Board of Directors. Bank interest is paid on these funds.
5. Payment of \$1,000.00 into the member's capital account.
6. Members agree to pay a maximum of 3% per month, (36% per year) late fee on past due balances.
7. Members must supply a personal guarantee for the debt of their business.
8. Members agree to be bound by and will comply with all Bylaws of the Cooperative.
9. Members agree to be bound by Bylaw 8.8 regarding declaration of Cooperative patronage income for Federal Income Tax purposes.

The undersigned hereby applies for membership in the Northwest Nursery Buyers Association (NNBA), and encloses herewith the applicable capital fund fee of **\$1,000** to be held by NNBA pending Applicants election (or to be returned to the Applicant if Applicant is not elected).

Applicant submits as part of this application and warrants the accuracy of the data set forth on the application, and agrees that if elected to membership Applicant will promptly inform the Cooperative in writing of any change of the type of legal organization, or the name, under or by which operated or controlled by the Applicant, and of any other data set forth on the application. Applicant agrees to supply to the Cooperative such additional information as the Board may reasonably request.

Name of Applicant: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

## Authorization to Release Information

Date: \_\_\_\_\_

To Whom It May Concern:

I/We have applied for membership in Northwest Nursery Buyers Association. As part of the application process Northwest Nursery Buyers Association may verify information contained in the application and in other documents associated with the application.

You are hereby authorized to release any information required by **Northwest Nursery Buyers Association** to complete the application process.

A copy of this authorization may be accepted as an original.

Your prompt response to inquiries would be greatly appreciated.

Firm: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date