



2027 MEMBERSHIP FORM

You can also renew, join and pay online at www.plantnys.org

Contact Person: _____ Title: _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Phone: _____

Company Website: _____

Please Note: All members must pay dues for State and one Region. You may add additional regions, as desired.

2027 State Association Dues – **Required**

___ Self-Employed or ___ Company

Yearly Revenue/Dues:

___ \$0-250k - \$175 ___ \$251-500k - \$220 ___ \$501k-1M - \$275 ___ \$1M+ - \$350

2027 Region Dues – **Required** Select one or more.

___ Region 1 (\$0) ___ Region 2 (\$75) ___ Region 3 (\$75) ___ Region 4 (\$75)
___ Region 5 (\$75) ___ Region 6 (\$100) ___ Region 7 (\$35) ___ Region 8 (\$75)

A New Way to ADDITIONALLY Show Your Support for PlantNYS & the Profession—our MEMBER SHOWCASE!

___ Yes! Please feature my company logo and website on the new Member Showcase for 1/1/27 – 12/31/27.
\$500 - See PlantNYS website for full details and benefits!

NYS Nurserymen's Foundation Contribution

___ I wish to contribute support for the industry through education and research. \$ _____

___ I wish to be a **PlantNYS Patron** and am making a gift of \$100 in addition to my dues. - \$100 See PlantNYS website for new benefit of being a Patron—with our appreciation!

Payment Details Total Amount Enclosed \$ _____ Check Enclosed (#) _____

___ Credit Card: ___ Visa ___ Mastercard ___ Amex ___ Discover

Card #: _____ Expiration: _____

CVV: _____ Name on Card: _____

Billing Address on Card, if different from address above:

Please return this form with payment method to:

PlantNYS | PO Box 215 | Cambridge, New York 12816-9998

Phone: 518-580-4063 | E-Mail: info@plantnys.org