2027 MEMBERSHIP FORM

for Associate, Affiliate, Out-of-State & Student Members

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

Contact Person: _____ Title: _____

Company/Organization/School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Phone: _____

Company Website: _____

Please Note: Check all appropriate choices below.
For full details for eligibility in these categories, please go to: https://www.plantnys.org/member-registration

2027 State Association Dues – ***Required***
___ Associate Member - $175 | ___ Affiliate Member - $50 | ___ Out-of-State - $260 | ___ Student - $0

2027 Region Dues – ***Required for Associate and Affiliate Members*** – See our website for region info.
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)

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, NY 12816-9998
Phone: 518-580-4063| E-Mail: info@plantnys.org