

2024 MEMBERSHIP FORM

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

You can also renew, join and pay online at: https://www.nysnla.com/member-registration.

Contact Person:	Title:	
Company/Organization:		
Address:		
City:	State:	Zip Code:
E-Mail:	Phone:	
Company Website:		
Please Note: Check all appropriate choice For full details for eligibility in these category		w.nysnla.com/member-registration
2024 State Association Dues – <i>Required</i> Associate Member - \$175 Aff	filiate Member - \$50 Ou	rt-of-State - \$260 Student - \$0
2024 Region Dues – Optional for Categor	ries Above Select one or more.	
Region 1 Self-Employed (\$0) <i>or</i> C Region 4 (\$75) Region 5 (\$75)		
A New Way to ADDITIONALLY Show You Yes! Please feature my company log See NYSNLA website for full details o	go and website on the new Mem	fession—our MEMBER SHOWCASE! ber Showcase for 1/1/24 – 12/31/24 \$500
NYS Nurserymen's Foundation Contribut I wish to contribute support for the		research. \$
I wish to be a NYSNLA Patron and a See NYSNLA website for new benefit		
Payment Details	Total Amo	unt Enclosed \$
Check Enclosed		
Credit Card: Visa N	Mastercard Amex	_ Discover
Card #:	Expira	tion:
CVV: Name on Card:		
Billing Address on Card, if different fro	om address above:	