



NEW YORK STATE  
NURSERY AND LANDSCAPE  
ASSOCIATION, INC.

## 2023 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 choices below.

For full details for eligibility in these categories, please go to: <https://www.nysnla.com/member-registration>

### 2023 State Association Dues – **Required**

\_\_\_ Associate Member - \$175 | \_\_\_ Affiliate Member - \$50 | \_\_\_ Out-of-State - \$260 | \_\_\_ Student - \$0

### 2023 Region Dues – **Optional for Categories Above** Select one or more.

Region 1 \_\_\_ Self-Employed (\$0) or \_\_\_ Company (\$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 **NYSNLA Patron** and am making a gift of \$100 in addition to my dues. \$ \_\_\_\_\_

### 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:**

NYSNLA | 230 Washington Avenue Extension, Suite 101 | Albany, New York 12203-3539

Phone: 518-580-4063 | Fax: 518-463-8656 | E-Mail: [info@nysnla.com](mailto:info@nysnla.com)