



2023 MEMBERSHIP FORM

You can also renew, join and pay online at www.nysnla.com.

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.

2023 State Association Dues – Required

___ Self-Employed or ___ Company
Yearly Revenue/Dues: ___ \$0-250k - \$175 | ___ \$251-500k - \$220 | ___ \$501k-1M - \$275 | ___ \$1M+ - \$350

2023 Region Dues – Required Select one or more. *If you wish to be a Corporate Sponsor (below), choose your Regions, but do not pay the Region dues amount.*

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)

NYSNLA Corporate Supporter Program (Optional – Replaces totals for State and Region Dues)

___ \$1,500 Platinum Supporter (includes membership in all 8 Regions.)
___ \$1,000 Gold Supporter (includes membership in up to 4 Regions; check your choices above.)
___ \$600 Silver Supporter (includes membership in 1 Region; check your choice above.)

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