



2024 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.

2024 State Association Dues – Required

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

2024 Region Dues – Required 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)

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

___ Yes! Please feature my company logo and website on the new Member Showcase for 1/1/24 – 12/31/24. - \$500
See NYSNLA 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 **NYSNLA Patron** and am making a gift of \$100 in addition to my dues. - \$100
See NYSNLA 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:

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Phone: 518-580-4063 | Fax: 518-463-8656 | E-Mail: info@nysnla.com