It is your responsibility to keep your contact information up-to-date. If at any time your contact information changes, please update your records with the CNLP Coordinator.

Personal Information (Please Print)

_____
NAME OF APPLICANT

_____
HOME ADDRESS

_____ CITY   STATE   ZIP

_____
HOME PHONE   HOME FAX   HOME E-MAIL ADDRESS

Recertification Options (Select One)

	NYSNLA MEMBER	NON-MEMBER
❑ CNLP Recertification Exam	$100	$145
❑ CNLP Recertification Credits	$50	$95

Payment Information (Please Print)

❑ Check Enclosed: Ck #_____

❑ Please charge my card in the amount of $_____

_____
CARD #   EXPIRATION DATE

_____
SECURITY CODE   BILLING ZIP CODE

Employment Information (Please Print)

_____
BUSINESS NAME

_____
BUSINESS ADDRESS

_____ CITY   STATE   ZIP

_____
BUSINESS PHONE   BUSINESS FAX   BUSINESS E-MAIL ADDRESS

_____
COUNTY

Is this company a current NYSNLA Member? ❑ Yes ❑ No

NYSNLA Region: ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6 ❑ 7 ❑ 8

Which address would you like us to send correspondences to? ❑ Home ❑ Business

_____
PRINTED NAME   SIGNATURE   DATE   CNLP #

Return application with your payment to:

New York State Nursery & Landscape Association, Inc.
Attn: **CNLP Program Coordinator**
230 Washington Avenue Ext. Suite 101 | Albany, NY 12203
518.580.4063 | 518.463.8656 fax

A PROGRAM SPONSORED BY
NYS Nursery & Landscape Association
WWW.NYSNLA.COM

CNLP Recertification Credits

If submitting CNLP credits, **complete this Log Sheet and return with your application and payment.** If you need additional space, please copy this form or attach your own sheet.

Log Sheet

CNLP NAME _____ CNLP # _____ EXP. YEAR _____

CNLP Recertification Credits

PROGRAM/ACTIVITY _____

NAME OF SEMINAR/CLASS _____ NAME OF INSTRUCTOR/PROGRAM LEADER _____

PROGRAM DATE _____ PROGRAM TIME _____ CREDITS EARNED _____

CNLP Recertification Credits

PROGRAM/ACTIVITY _____

NAME OF SEMINAR/CLASS _____ NAME OF INSTRUCTOR/PROGRAM LEADER _____

PROGRAM DATE _____ PROGRAM TIME _____ CREDITS EARNED _____

CNLP Recertification Credits

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