



2021 MEMBERSHIP FORM

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

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

2021 Dues – Required

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

2021 Region Dues – Optional for Categories Above Select one or more.

Region 1 ___ Self-Employed (\$100) or ___ Company (\$150) | ___ 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