

ASHS Certified Professional Horticulturist Renewal

American Society for Horticultural Science Certified Professional Horticulturist Program

ASHS, 1018 Duke Street, Alexandria, VA 22314

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NAME AND ADDRESS

Certification No. _____

___ Dr. ___ Mr. ___ Ms. ___ Mrs. ___ Miss

Last Name: _____ First Name: _____ Middle Initial: _____ Suffix: _____

Address: _____

City: _____ State: _____ ZIP: _____ Country: _____

Office Phone: _____ Home Phone: _____ Cell: _____ Fax: _____

E-mail: _____

___ **Yes**, Please renew my ASHS CPH for two years. I have completed 40 Continuing Education Units.

___ No, I do not wish to renew. *Please let us know why you are not renewing your certification:*

Are you a Member of ASHS? ___ Yes ___ No

FEES ___ \$175.00 USD (ASHS Member) ___ \$295.00 USD (Nonmember)

FEE ENCLOSED \$_____

MAKE CHECK PAYABLE IN U.S. FUNDS TO: American Society for Horticultural Science

The following credit cards are accepted:

___ MasterCard ___ VISA ___ AmEx Card Number: _____ (cvv)_____

Expiration: _____ Cardholder's name: _____

Signature: _____

SIGNATURE

I hereby certify that all information submitted on this certification renewal form is correct and true to the best of my knowledge.

Date

Signature