



Application Pennsylvania Certified Horticulturist



Applicant Name: _____

Home Address **Address:** _____

City/State/Zip: _____

Phone: () _____ **E-mail:** _____

Work Address **Company Name:** _____

Address: _____

City/State/Zip: _____

Phone: () _____ **E-mail:** _____

Fax: () _____ **Web Site:** _____

Years Experience in Industry: Under 2 years 2—5 years Over 5 years Related education degree _____

Please send all correspondence to: My home address My work address

APPLICATION FEE:

\$75 Member Fee (owner/member of PLNA member firm) \$125 Non-Member Fee

PCH STUDY MANUAL ORDER:

Printed Version (Binder): \$50 Member Fee \$75 Non-Member Fee
Digital Version (USB): \$35 Member Fee \$60 Non-Member Fee

| | | |
|----------------------------|------|-------|
| Study Manual Total | = \$ | _____ |
| Shipping & Handling @ \$10 | = \$ | _____ |
| SUBTOTAL | = \$ | _____ |
| PA Sales Tax @ 6% | = \$ | _____ |
| SUBTOTAL | = \$ | _____ |
| Application Fee | = \$ | _____ |
| TOTAL DUE | = \$ | _____ |

Payment must be received with application.

VISA MasterCard Discover AMEX Amount: \$ _____

Credit Card Number: _____ / _____ / _____ / _____

Name on Card: _____

Please type or print clearly

Billing Address of Card _____

Expiration Date: (Month/Year): _____ / _____ *Security code:* _____

Signature: _____

**FORMS WITH
CREDIT CARD INFO MAY BE FAXED TO:
(717) 238-1675**

MAKE CHECKS PAYABLE TO:
 PLNA (Pennsylvania Landscape & Nursery Association)

Check # _____ Amount: \$ _____

Please complete the application form and mail, along with your payment, to:
 PLNA, PO Box 352, Annville, PA 17003

Questions: Call (717) 238-1673 or visit our website at www.PLNA.com