



Pennsylvania Certified Horticulturist ASSOCIATE Program Application (Employee)

**APPLICANT INFORMATION:**

Name _____

Home Address _____ Phone (____) _____

City _____ State _____ Zip _____

E-Mail (Required) _____

EMPLOYER INFORMATION:

Employer Name _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____

Work e-Mail address _____ Employer Website: _____

Job Title: _____

Years Experience in Industry: Under 1 year 1 – 2 years 2 – 5 years Over 5 years

APPLICATION FEE: \$50.00 PLNA Member
 \$100.00 Non-Member

Check # _____ (make checks payable to PLNA)

VISA MasterCard Discover AMEX

Credit Card Number: _____ / _____ / _____ / _____

Name on Card: _____

Please type or print clearly

Billing Address of Card _____

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

Signature: _____

Office Use Only:

Date Rec'd: _____

Date Materials Sent: _____

Questions??

Call 717.238.1673 or visit our
 Web site at www.PLNA.com

PLEASE COMPLETE THE APPLICATION FORM AND MAIL ALONG WITH YOUR FEE TO:

PLNA, PO Box 352, Annville, PA 17003
 FAX to: 717.238.1675
 Email to: ccorrigan@PLNA.com