



Pennsylvania Certified Horticulturist (PCH) Associate Application (Employee)



Applicant Name: _____

Home Address
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ E-mail: _____
Company Name: _____

Work Address
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ E-mail: _____
Fax: () _____ Website: _____

Years Experience in Industry:

☐ Under 1 year ☐ 1-2 years ☐ 2-5 years ☐ Over 5 years ☐ Related education degree: _____

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

Application Fee:

☐ \$50.00 Member Fee (owner/member of PLNA member firm) ☐ \$100.00 Non-member Fee

PCH Study Manual Order:

Digital Version (PDF): ☐ \$35.00 Member Fee ☐ \$60.00 Non-member Fee

Study Manual Total = \$ _____

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: _____

MAKE CHECKS PAYABLE TO:

PLNA (Pennsylvania Landscape & Nursery Association)

Check #: _____ Amount: \$ _____

ACKNOWLEDGEMENT (Please read and sign below)

- I understand that PLNA will promote me as a new PCH to its members on its website and in its communications. Check here if you would like to opt out of this promotion opportunity ☐
- I understand that upon acceptance of this application by PLNA that I have one year to pass the exam or I must complete the application process again, which includes submitting another application and paying the fee.

Signature of Acceptance: _____ Date: _____

Please complete the application form and mail, along with your payment, to:

PLNA, 908 N 2nd St, Harrisburg, PA 17102

Questions? Call 717.238.1673, email tcarpenter@wannerassoc.com, or visit our website at www.PLNA.com