



# Pennsylvania Certified Horticulturist ASSOCIATE Program Application (College Student)



## STUDENT APPLICANT INFORMATION:

Name \_\_\_\_\_

Home Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail (Required) \_\_\_\_\_

## SCHOOL INFORMATION:

School Name \_\_\_\_\_

Field of Study/Degree \_\_\_\_\_

Month/Year Expected to Graduate \_\_\_\_\_

## ACKNOWLEDGEMENT (Please read and sign below)

- I understand that upon acceptance of this application by PLNA that I have four years from the date of application before I am required to obtain and report continuing education credits.
- I understand that PLNA will promote me as a new PCH Associate to its members on its website and in its communications. Check here if you would like to opt out of this promotion opportunity

Signature of Acceptance: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FEE:**  \$25.00 Student Member  
 \$50.00 Student 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](http://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](mailto:ccorrigan@PLNA.com)