

Pennsylvania Certified Horticulturist (PCH) Application



Applicant Name:				
	Address:			
Home Address	City:	State:	Zip:	
	Phone: ()	E-mail:		
Work Address	Company Name:			
	Address:			
		State:		
	Phone: ()	E-mail:		
	Fax: ()	Website:		
Years Experience in Industry:				
☐ Under 2 years ☐ 2-5 years ☐ Over 5 years ☐ Related education degree:				
Please send all correspondence to: \square My home address \square My work address				
Application Fee:				
□ \$75.00 Member Fee (owner/member of PLNA member firm) □ \$125.00 Non-member Fee				
PCH Study Manual Order:				
Digital Version (PDF): ☐ \$35.00 Member Fee ☐ \$60.00 Non-member Fee				
Study Manual Total = \$ Payn		Payment must be received with application	Payment must be received with application.	
SUBTOTAL = \$		□ VISA □ MasterCard □ Discover □ Amex Amount: \$		
PA Sales Tax @ 6% = \$			_//	
		Name on Card:		
SUBTOTAL = \$		Please type or print clearly		
Application Fee = \$		Billing Address of Card:		
		Expiration Date: (Month/Year):	/ Security code:	
TOTAL DUE = \$		Signature:	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 two years to pass the exam or I must complete the application process again, which includes submitting another application and paying the fee.				
Signature of Acceptance:			. , .	

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

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