



Lifetime CNLP Membership Application

NEW YORK STATE CERTIFIED NURSERY & LANDSCAPE PROFESSIONAL PROGRAM

A program of the New York State Nursery and Landscape Association, Inc.

Personal Information (Please Print):

Name of Applicant: _____

Home Address: _____

City: _____ State: _____

Zip: _____ Home Phone: _____

Home Fax: _____ Home E-mail address: _____

For my 25 years of dedication, I'd like to become a Lifetime CNLP Member! (\$100)

Please also send me a personalized Lifetime CNLP Member plaque (\$100)

Employment Information (Please Print):

Company Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____ Business Phone: _____

Business Fax: _____ Business E-mail address: _____

County: _____

Is this company a current NYSNLA Member?

Y **N** NYSNLA Region: _____

Which address would you like us to send correspondences to? **HOME / BUSINESS**

Signature: _____ Date: _____

Printed Name: _____

Send application with your payment to:

PLANT NYS
Attn: CNLP Program
PO Box 215
Cambridge, NY 12816-9998
(518) 580-4063