

MEMBERSHIP CATEGORIES

(Check All That Apply)

Voting Memberships

Firms who own or are engaged in operating a nursery business with locations in California.

☐ \$750.00 Annually, per location - *annual sales of two million (\$2,000,000) dollars and up (per location).*

☐ \$375.00 Annually, per location - *annual sales under two million (\$2,000,000) dollars (per location).*

Please select one:

☐ Grower ☐ Retail Nursery/Garden Center ☐ Retail/Grower

**For multiple locations, please use the back of this form.*

Amount \$ _____

Non-Voting Memberships

☐ **Associate Member** – \$500.00 Annually

Any individual, partnership or corporation engaged in a business related to horticulture other than the nursery business. This may include the growing of bulbs, seeds or turf sod, providers of non-plant products and services, as well as landscape contractors, landscape architects and maintenance companies.

Amount \$ _____

Premium Memberships

☐ **Premium Member** – This category is open to both voting and non-voting members who wish to provide support to the Plant California Alliance, IN ADDITION to membership dues.

Through this membership category you will be listed as a premium member for all Plant California Alliance events, featured as a premium member in the newsletter, website and/or in social media and receive VIP privileges for all Plant California Events.

☐ Platinum Member - \$1500.00

☐ Gold Member - \$1000.00

☐ Silver Member - \$ 500.00

Amount \$ _____

CCN-PRO

☐ **CCN Pro** TM – \$35.00 Annually

For active CCN Pro's who wish to be members of the Plant California Alliance. *Please note: This is separate from the CCN Pro renewal fee.*

Amount \$ _____

Other

☐ **OTHER / Friend of the Plant California Alliance** – \$50.00 Annually

Friend of Plant California Alliance not meeting other classes of membership. Includes: employees of a member firm, retirees of the nursery industry, individuals involved in education and/or research.

☐ **Student** – No Annual Fee

Any student in high school or enrolled in a two or four year institution. Enrollment verification required.

Amount \$ _____

Voluntary Donations

☐ **CANERS (Endowment for Research and Scholarship)** – \$ _____

☐ **PAC (Political Action Committee)** – \$50.00

Amount \$ _____

TOTAL \$ _____

Please return this form with your invoice.

LOCATIONS

Location 1: _____

☐ Grower ☐ Retail Nursery/Garden Center ☐ Retail/Grower

Location 2: _____

☐ Grower ☐ Retail Nursery/Garden Center ☐ Retail/Grower

Location 3: _____

☐ Grower ☐ Retail Nursery/Garden Center ☐ Retail/Grower

Location 4: _____

☐ Grower ☐ Retail Nursery/Garden Center ☐ Retail/Grower

Location 5: _____

☐ Grower ☐ Retail Nursery/Garden Center ☐ Retail/Grower

Location 6: _____

☐ Grower ☐ Retail Nursery/Garden Center ☐ Retail/Grower

Location 7: _____

☐ Grower ☐ Retail Nursery/Garden Center ☐ Retail/Grower

Location 8: _____

☐ Grower ☐ Retail Nursery/Garden Center ☐ Retail/Grower

Location 9: _____

☐ Grower ☐ Retail Nursery/Garden Center ☐ Retail/Grower

Location 10: _____

☐ Grower ☐ Retail Nursery/Garden Center ☐ Retail/Grower

Location 11: _____

☐ Grower ☐ Retail Nursery/Garden Center ☐ Retail/Grower

Location 12: _____

☐ Grower ☐ Retail Nursery/Garden Center ☐ Retail/Grower

Notes:
