

Join Us ... We're Growing

Membership year October 1 through September 30.

Prefix: Mr. Mrs. Ms. Dr.



Perennial Plant Association

P.O. Box 6652
Raleigh, NC 27628
Perennialplant.org
info@perennialplant.org
888-440-3122

First Name _____ Last Name _____

Company Name _____

Position (circle any that apply): Owner Officer Employee

Street _____

City _____ State _____ Zip _____ Country _____

UPS Address _____

Phone _____ Fax _____ Other Phone _____

E-mail _____ website _____

Do you permit your name to be released for mailing lists to other horticulture organizations or commercial enterprises?

Yes OR No

***Voting Membership** dues are assessed on total volume of business in or related to perennials, including bulbs, grasses, herbs, and seed. Voting membership includes brokers; wholesalers; lecturers; garden writers; gardeners; photographers; and landscape architects, designers, and contractors.

Dues assessed in US\$. One vote per company. Circle the correct category below:

\$500: More than 2,000,000*

\$400: Over \$500,000 to 2,000,000*

\$225: \$100,000 to 499,999*

\$95: Less than \$100,000*

\$95: Educators, extension personnel, researchers, and librarians.

\$50: Young Professionals 30 Years or Younger

Non-voting Membership dues are assessed according to the category. Circle the correct category below:

\$125: Allied trades – hard goods, pots, & other suppliers. (Not green goods)

\$125: International, except Canada

\$95: Interested persons – amateur gardeners

\$95: Additional members of a voting firm

\$50: Additional members of a voting firm already paying \$400 or \$500 for membership dues.

\$20: Full-time Undergraduate/Graduate Student

Circle categories below that identify your business:

Bare Root

Cells and Plugs

Container

Cut Flowers

Florist

Mail Order

Garden Center

Retail Grower

Wholesale Grower

Seeds Wholesaler

Broker

Landscape architect

Landscape contractor

Landscape designer

Professional gardener

Lecturer

Garden Writers

Public Gardeners & Gardens

Extension: location _____

Educator: location _____

Researcher: location _____

Student School: school _____

Library or Librarians location _____

Other _____:

Return completed form with payments to the PPA office: PO Box 6652 Raleigh, NC 27628