



Southeast Texas Nursery Growers' Association

1-866-88STNGA

www.stnga.org

MEMBERSHIP APPLICATION

Company: _____

Mailing Address: _____

Facility Address: _____

Telephone Number: _____ Additional Number: _____

Fax Number: _____ Email Address: _____

Indicate address and phone number preference for association mailing and correspondence:

Mailing Address: _____ Facility Address: _____ Telephone Number: _____ Additional Number: _____

Personnel: _____ Position: _____

Customer Market Served: _____ Territory Served: _____

Product Line: _____

Special Interests or Area of Expertise: _____ Industry Affiliations: _____

TDA Certification #: _____ Classification: _____ Date Issued: _____

Type of Membership: Active Membership: \$250.00 _____
Affiliate Membership: \$250.00 _____

Office Use Only:

Sponsors: _____

Paid: _____ Check #: _____ Application Date: _____

Please Return Application To:
S.T.N.G.A. Membership Committee
4747 Research Forest Drive
Suite 180, #219
The Woodlands, TX 77381-4902