Wholesale Florist & Florist Supplier Association
105 Eastern Ave, Suite 104, Annapolis, MD 21403
410-940-6580/ 888-289-3372, Fax: 410-263-1659
Visit us at www.wffsa.org

Application for Associate Membership

WF&FSA Associate members shall be individuals or entities actively engaged in the floral industry provided they have been in business for at least one year and meet one of the following criteria.

☐ 1. Is a Trade Association in the floral industry.

☐ 2. Is a Trade Publication in the floral industry.

☐ 3. Is a company providing Support Services to the floral industry (e.g., transportation, refrigeration, credit management, etc.)

Contact Name: _____

Company Name: _____

Address: _____

City, State, Zip, Country: _____

Business Phone: _____ Fax: _____

E Mail address: _____

Website address: _____

netWORK is a semi-monthly newsletter that we distribute to our members twice a month. Please list any names and email addresses where you would like it sent: (it will automatically go to the person listed above)

_____

_____

Our firm is a: ☐ Proprietorship ☐ Partnership ☐ Corporation ☐ LLC

Our firm has been in business since _____ (month & year).

Company Description:

_____

_____

_____

Indicate Branch locations if applicable:

_____

_____

* If the additional location or branch is a separate corporation, it will be required to hold a separate membership.

Dues Payment

Dues Payment: (Dues Payment must accompany application) Dues are based on annual sales volume. Please check the applicable annual dollar sales volume below:

¨ $4,999,999 or under in annual revenue – Annual dues are $570. $ _____

¨ $5,000,000 to $9,999,999 in annual revenue – Annual dues are $1,150. $ _____

¨ $10,000,000 and over in annual revenue – Annual dues are $1,730. $ _____

Total Dues $ _____

Dues cover membership in WF&FSA for the period: Jan. 1 to Dec. 31. There is no charge for additional locations and/or branches

Please Check Preferred Payment Method:

☐ Check enclosed - (Make check payable in US Funds to WF&FSA)

☐ American Express ☐ VISA ☐ MASTERCARD ☐ DISCOVER

Card Number: _____Exp date: _____

Name_____Security Code:_____

Signature_____
(Please print and sign as shown on credit card)

☐ Check here if you would like us to send you a copy of the receipt with you Welcome Kit.

Application Completed by:_____
(signature) (date)

_____
(type or print name) (title)

Credit Card Payments may be FAXED to 410-263-1659, or mail payments to WF&FSA, 105 Eastern Ave, Suite 104, Annapolis, MD 21403