



105 Eastern Ave, Suite 104  
 Annapolis, MD 21403  
 410-940-6580/ 888-289-3372  
 Fax: 410-263-1659  
 Visit us at [www.wffsa.org](http://www.wffsa.org)

**Application for Supplier Membership**

WF&FSA Regular members shall be any proprietorship, partnership, or corporation, which meets the following membership qualifications:

A "floral supplier," is defined as an entity engaged in growing, shipping and/or importing of fresh flowers, greens and/or plants, and/or an entity engaged in the manufacture and/or importation of florist supplies.

The company must have continuously functioned as a "floral supplier" for a period of at least one year prior to the application and annual wholesale sales volume must be at least \$500,000.

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Email: \_\_\_\_\_ Website: \_\_\_\_\_

Key Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Key Contact Email: \_\_\_\_\_

Our firm is a:  Proprietorship  Partnership  Corporation  LLC

Year Company Founded: \_\_\_\_\_ Annual sales are in excess of \$500,000.  Yes  No

Primary Business Orientation: What best describes your business? If you are more than one of these categories rank them.

(1 = largest source of sales, 2 = second largest, etc. Rank only those categories that apply to you.)

- |                            |                                       |
|----------------------------|---------------------------------------|
| _____ Grower Shipper       | _____ Importer (Perishable Products)  |
| _____ Hardgoods Supplier   | _____ Other (If other please explain) |
| _____ International Grower |                                       |

Company Description: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Indicate Branch locations if applicable\*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Please list any employee contacts you would like to receive communications from WF&FSA:

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Email: \_\_\_\_\_ Title: \_\_\_\_\_

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

- \$500,000 - \$4,999,999 in annual sales - Annual dues are \$625 \$ \_\_\_\_\_
- \$5,000,000 to \$9,999,999 in annual sales – Annual dues are \$1,265 \$ \_\_\_\_\_
- \$10,000,000 and over in annual sales – Annual dues are \$1,900 \$ \_\_\_\_\_

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

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

Charge my credit card:

- American Express       VISA       MASTERCARD       DISCOVER

Card Number: \_\_\_\_\_ Exp date: \_\_\_\_\_

Name \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature \_\_\_\_\_

(Please print and sign as shown on credit card)

Application Completed By \_\_\_\_\_  
(signature) (date)

(type or print name)

(title)

Applications may be: FAXED to 410-263-1659, or  
Mailed to: WF&FSA, 105 Eastern Ave, Suite 104, Annapolis, MD 21403