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 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: _____

Key Contact Name: _____

Address: _____

City, State, Zip/Zone, Country: _____

Business Phone: _____ Fax: _____

Company E Mail address: _____

Website address: _____

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
____ Hardgoods Supplier
____ International Grower
____ Importer (Perishable Products)
____ Other (If other please explain)

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 names and email addresses for employees you would like to receive all communication from WF&FSA:

_____

_____

_____

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 $570 $_____
☐ $5,000,000 to $9,999,999 in annual sales – Annual dues are $1,150 $_____
☐ $10,000,000 and over in annual sales – Annual dues are $1,730. $_____

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

Click here to email form