



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.)

Company Name: _____

Street Address: _____

City, State: _____ Zip Code: _____ Country: _____

Business Phone: _____ Fax: _____

Company Email: _____ Website: _____

Key Contact Name: _____ Title: _____

Key Contact Email: _____

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

Name: _____ Email: _____ Title: _____

Name: _____ Email: _____ Title: _____

Name: _____ Email: _____ Title: _____

_____ 1756

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 \$625. \$ _____

\$5,000,000 to \$9,999,999 in annual revenue – Annual dues are \$1,265. \$ _____

\$10,000,000 and over in annual revenue – Annual dues are \$1,900. \$ _____

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)

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