



**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](http://www.wffsa.org)

## Application for Wholesale Membership

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

A "floral wholesale distributor" is defined as an entity which conducts a wholesale commission and/or wholesale business in fresh flowers, greens, plants and/or florist supplies.

- YES     NO    The applicant firm has continuously functioned as such for at least one year immediately preceding the date of the application.
- YES     NO    51% or more of its total sales in any year must be attributable to "wholesale sales," which are defined as sales made to other than end-users.
- YES     NO    Not more than 40% of total sales of the applicant firm may be to retail establishments owned or controlled, directly or indirectly, by the applicant firm, or by any officer, director, partner, shareholder or proprietor of the applicant firm.
- YES     NO    The applicant firm must have annual sales volume of at least \$250,000. If any separate retail establishments are owned, controlled\* (directly or indirectly), or operated by any officer, director, partner, shareholder or proprietor of the wholesale distributor firm, then separate warehouse facilities and records must be maintained. If a company conducts both "wholesale" and "retail" sales in a single salesroom and/or from a single warehouse facility, then at least 75% of total sales made in or from such facility must be at wholesale.

\* "Controlled" shall be deemed to include any kind of control, direct or indirect, whether legally enforceable and however exercisable or exercised.

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.* Name/Email: \_\_\_\_\_

Our firm is a:     Proprietorship     Partnership     Corporation     LLC

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

Primary Business Orientation:  Fresh Products only  Floral Supplies only  Combination

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.

Trade References – wholesale firms and/or suppliers with whom you conduct business with on a regular basis:

Firm Name	City/State	Phone Number
1. _____		
2. _____		
3. _____		

Dues Payment: 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. \$ \_\_\_\_\_

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)