

Michigan Certified Florist (MCF)

Testing Registration Form



Please fill out this registration form completely. If you have any questions please call MFA at 517-575-0110.

Name _____ Date _____

Home Address _____

City _____ State _____ Zip _____

Personal Registered Manual Number _____

_____ Testing for Hands-on Charge \$125.00

_____ Testing for Written Charge \$ 75.00

_____ Testing for Both Hands-on and Written Charge \$200.00

Method of Payment: _____ Check _____ Visa _____ Mastercard _____ American Express

Card Number _____ Exp. Date _____

Please indicate your choice of exam date and location:

_____ October 1, 2006 – At Michigan State University, East Lansing, MI.

The undersigned acknowledges that they have thoroughly read the information contained within this packet and fully understands and accepts the application procedures and the requirements established by the MCF Committee for membership.

_____ Date _____

(MUST have your signature)

You will receive a letter of confirmation after your exam registration is received.

All registrations MUST arrive at the MFA office at least 14 days prior to exam date!

Mailing Address: P.O. Box 67, Haslett, MI 48840

Phone: 517-575-0110. *Fax:* 517-575-0115

E-Mail: cindy@michiganfloral.org