

# 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 \_\_\_\_\_ AmEx \_\_\_\_\_ Discover

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Please indicate your choice of exam date and location:

\_\_\_\_\_ January 18, 2009 – MFA Headquarters – 1152 Haslett Rd., Haslett, MI 48840

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](mailto:cindy@michiganfloral.org)