



MichiganFloral

ASSOCIATION

Membership Application (Web PDF)

Contact Name: _____

Company: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Federal Employer or State Sales Tax ID # _____ (required for Active Membership)

Please determine whether you qualify to join as an **Active** or an **Associate** member.

Active Member Requirements: *An Active member must be a registered, established business operating in the floral industry. Active members are eligible to vote for elected MFA representatives, use all MFA services, receive member pricing on all Association functions, receive the informative Professional Florist magazine* and all other mailings.*

Associate Membership Requirements: *An Associate Membership may be held by students or teachers of floriculture and ornamental horticulture, or by any individual working for an Active MFA member. Associate members receive member pricing on all Association functions, the informative Professional Florist magazine*, and all other mailings, but are NOT eligible to vote or hold elective office in the association.*

Active Membership Annual Dues: Dues are based on the annual gross sales of your business. (Check one)

____ \$0 to \$499,000.\$260.00 ____ \$1 million to \$299,999,999\$510.00
____ \$500,000 to \$999,999...\$410.00 ____ \$3 million & over\$610.00

Active Membership Classification: Please indicate which of the following applies to your business.

____ Retailer ____ Grower ____ Service Provider
____ Wholesaler ____ Supplier ____ Floral School
____ Sales/Manufactures Rep ____ Supermarket ____ Garden Center
____ Importer/Shipper ____ Mass Marketer ____ Other

Associate Membership Classification and Annual Dues: (Check one)

____ Individual, Employee, Teacher.....\$160.00 ____ Student.....\$60.00
Students must include a photocopy of current valid student ID card or confirmation letter from instructor.

Total Due: MFA membership Due\$ _____

Method of Payment: ____ Check ____ Visa ____ MC ____ AE ____ DC

Card# _____ Exp. Date _____

Signature _____

Please mail or fax application to: Michigan Floral Association - PO Box 67, Haslett, MI 48840
Phone (517) 575-0110 Fax (517) 575-0115