

NC FLORISTS ASSOCIATION APPLICATION FOR MEMBERSHIP

Please complete this form and return it along with your check to the address below.

Please check one:

We hereby apply for **active membership** in NCSFA, agree to pay membership dues for the current year, and to support its endeavors to foster the florist industry in NC. (\$84)

Class A (voting) membership is limited to the following (check one):

___ Membership in the Association shall be for any and all persons professionally engaged in the florist industry in the state of North Carolina, to include: retail florists; employees of member and non-member retail florists or member and non-member wholesale florists and retail businesses related to the florist industry, which may include, but is not limited to, event planners, wedding coordinators, etc. Each membership will be allowed one (1) vote.

-or-

___ Any North Carolina Floral Wholesaler that qualifies as a full time business is eligible for membership.

We hereby apply for **associate membership** in NCSFA, agree to pay membership dues for the current year and to support its endeavors to promote the florist industry in NC. Associate (non-voting) membership is open to the following business activities (check category): (\$75)

- (a) Retail florists located outside of NC.
- (b) Manufacturers of florist supplies and accessories.
- (c) Manufacturers or representatives of florist supplies and accessories.
- (d) Commercial growers and distributors of flowers and plants.
- (e) Wire services and suborganizations thereof.
- (f) Retired or semi-retired from above..
- (g) Organized floral associations of the above categories in or out of North Carolina.
- (h) Supportive industries associated with the floral industry but not direct suppliers.
- (i) Employees of business organization who are members of the Association.
- (j) Individuals supportive of the floral industry

Firm name: _____

Name and title of applicant: _____

(Signature) _____

Address: _____

City/State/Zip: _____

Business Phone: _____

Fax Number: _____

Email: _____

Website: _____

The signature of a member of NCSFA (below) attests to and endorses the applicant's information as fact:

Member firm: _____

Name/title of endorser (print): _____

Signature: _____

Address: _____

Check made payable to NC State Florists Association, Inc., should accompany this completed application. If accepted, payment covers your membership from October 1 thru September 30 of the following Year.

ACTIVE MEMBERS: \$84.00
ASSOCIATE MEMBERS: \$75.00

Mail to: NC State Florists Association
PO Box 41368
Raleigh, NC 27629