



NORCAL™

California Association of Flower Growers & Shippers
"Serving the Floral Industry Since 1941"

MEMBERSHIP APPLICATION ASSOCIATE MEMBERSHIP

Associate members are companies in affiliated industries such as:

- **Transportation carriers**
- **Greenhouse suppliers**
- **Packaging suppliers**
- **Out of state wholesale florists**
- **In state / Out of state retail florists**
- **Any other business providing services to the floral and agriculture industry**

Associate membership includes the following:

- Exclusive transportation rates
- Access to the Member Meeting as exhibitor or attendee
- Access to California Floral Convention as attendee and exhibitor
- All written communications

Associate membership requirements:

- Membership application must be completed in full for consideration.
- Non-refundable application and processing fee and dues must be submitted with the application.

A. Applicant Information

1. Full legal name of applying company:

2. Address of principle place of business:

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Toll Free Phone: _____

Fax: _____ Website: _____

3. Mailing address (if different than location): _____

City: _____ State: _____ Zip: _____

4. If you are floral affiliated, please provide at least two company names that you purchase your California floral products from? **(This section must be completed):**

1. _____

2. _____

List email addresses of those in your company that would like to receive the NORCAL (California Association of Flower Growers & Shippers) Floral Facts & NORCAL News publications. (no more than five please):

5. List the name of one person in your company who will be responsible for receiving all pertinent NORCAL (California Association of Flower Growers & Shippers) communications:

6. Type of business: Association Supplier Transportation Carrier
 Insurance Wholesaler/Grower Retail Florist Other _____

7. Please describe your business in as much detail as possible:

8. I authorize FedEx to contact me via phone, fax, letter or email regarding the NORCAL FedEx program. I also authorize NORCAL to contact me via phone, fax, letter or email regarding the NORCAL FedEx program and other NORCAL Programs.

Signature: _____ Date: _____

B. Annual Dues: (Payment must accompany application to begin the process)

Associate Member Annual Fee: \$180
Non-refundable Application Processing Fee: \$ 75
Total due with application: \$255

I verify that I, the undersigned, possess the authority to enter into this membership agreement on behalf of my company, and I have completed this application truthfully and to the best of my knowledge. I agree to abide by all rules and policies of the NORCAL (California Association of Flower Growers & Shippers). I understand that if at any time my company's operations no longer meet membership criteria, or should my company willfully violate membership policies, my membership, along with all its privileges and benefits may be revoked.

Signature: _____ Date: _____

Print Name: _____ Title: _____

PLEASE ALLOW 30 DAYS FOR PROCESSING

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www.cafgs.org