



**California Association of
Flower Growers & Shippers**

**MEMBERSHIP APPLICATION
AG BUDDY**

Thank you for your interest in membership in the California Association of Flower Growers & Shippers (CalFlowers). If your company is California-based and involved in the growing of agricultural products other than ornamental flowers, such as edible flowers and herbs, our Ag Buddy Membership is the category option for you.

Ag Buddy membership includes the following:

- Exclusive transportation rates*
- Access to our biennial California floral convention as attendees and exhibitors
- All written communications

Ag Buddy Membership Requirements:

- To receive full transportation benefits, the applicant company must have been in business a minimum of one year as of the date of the application.
- Membership application must be completed in full for consideration, including signed acceptance of the Membership Policy.

** NOTE: Each transportation carrier independently determines eligibility for their specific program, and the vendor-customer relationship is with them, not CalFlowers.*

SECTION A – Applicant Information

1. Full legal name of applying company: _____
2. Form of entity (please check one): ___ Corporation ___ Partnership
 ___ Limited Liability Company ___ Sole Proprietorship
3. Number of years in business: _____
Number of years under present ownership: _____
4. Address of principal place of business:
- Street: _____
- City: _____ State: _____ Zip: _____
- Telephone: _____ Toll-Free Phone: _____
- Fax: _____ Website: _____
5. Mailing address (if different than above):
- Street: _____
- City: _____ State: _____ Zip: _____
6. List the names and email addresses of up to five (5) individuals in your company who would like to receive communications from CalFlowers, including our monthly newsletter and information about upcoming events and activities.

_____ Name	_____ Email Address
_____ Name	_____ Email Address
_____ Name	_____ Email Address
_____ Name	_____ Email Address
_____ Name	_____ Email Address

7. Address of each branch location in California (*Additional charges apply if you would like benefits extended to these locations. Please refer to SECTION D – Annual Dues. Attach additional pages as necessary.*)

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Toll-Free Phone: _____

8. Full legal name and home address of each owner and percentage of ownership interest:
(This section must be completed in order to start the application process.)

 Name % Owner Interest

 Street City ST ZIP

 Name % Owner Interest

 Street City ST ZIP

 Name % Owner Interest

 Street City ST ZIP

 Name % Owner Interest

 Street City ST ZIP

 Name % Owner Interest

 Street City ST ZIP

9. List the name of the person in your company who will be responsible for receiving all pertinent CalFlowers communications and will be the voting representative for your company:

 Name Email address (if not listed above)

10. Resale #: _____ Federal Tax ID #: _____ Market Enforcement #: _____

11. Type of Business (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Association | <input type="checkbox"/> Importer | <input type="checkbox"/> Supplier of Goods |
| <input type="checkbox"/> Broker | <input type="checkbox"/> Internet Retailer | <input type="checkbox"/> Supplier of Services |
| <input type="checkbox"/> Design / Event Planning | <input type="checkbox"/> Retailer (traditional) | <input type="checkbox"/> Transportation Provider |
| <input type="checkbox"/> Grower | <input type="checkbox"/> Specialty Produce & Herbs | <input type="checkbox"/> Wholesaler |
| <input type="checkbox"/> Other (please specify): _____ | | |

12. Please provide a brief description of your business. (Attach additional pages as necessary.)

SECTION B - Program Usage Information

1. Which transportation programs do you foresee utilizing through CalFlowers?

- | | |
|---|---|
| <input type="checkbox"/> FedEx | <input type="checkbox"/> Golden State Overnight (GSO) |
| <input type="checkbox"/> OnTrac | |
| <input type="checkbox"/> Trucking Companies | <input type="checkbox"/> Airlines |

(Please visit www.cafgs.org/transportation for a full description of our transportation programs.)

2. List the carriers that your company currently uses to ship:

_____	_____
_____	_____
_____	_____

3. How many boxes do you ship in an average month? _____

4. What is your average monthly shipping expense? \$ _____

SECTION C - How Did You Hear About CalFlowers? (check *all that apply*)

- | | |
|---|--|
| <input type="checkbox"/> Existing CalFlowers Member / Word of Mouth / Individual Recruitment
(Who? _____)
<input type="checkbox"/> Table top or Booth @ Industry Trade Show(s)
(Which shows? _____)
<input type="checkbox"/> Sponsorship @ Industry Event(s)
(Which events? _____)
<input type="checkbox"/> Ad or news article in Industry Magazine or Newsletter
(Which magazine / NL? _____) | <input type="checkbox"/> Direct Mail or Email solicitation from CalFlowers
<input type="checkbox"/> Internet Search / Found CAFG&S while surfing
<input type="checkbox"/> Federal Express Employee / FedEx Program Flyer
<input type="checkbox"/> GSO Employee / GSO Program Flyer
<input type="checkbox"/> OnTrac Employee / OnTrac Program Flyer
<input type="checkbox"/> Social Media (Instagram, Facebook, Twitter, etc.)
(Which media? _____)
<input type="checkbox"/> Some other way
(Please list _____) |
|---|--|

SECTION D - Annual Dues

Please DO NOT send payment with your application submittal. Upon approval of your application, you will receive an email that contains a link to pay your membership dues and application/processing fee.

Ag Buddy Member:	\$1,100
Additional Location Fee (per location):	\$ 650
 Application/Processing Fee:	 \$100

This application / agreement is for the purpose of obtaining membership benefits from the California Association of Flower Growers & Shippers (CalFlowers) including access to shipping programs. CalFlowers and its subsidiary will not be held responsible for delayed shipments, lost merchandise, or any damaged/unacceptable merchandise a customer may receive. Furthermore, the undersigned agrees to pay for any and all deliveries under and pursuant to its account whether ordered by the customer or by any person representing the customer.

I authorize any of the references listed above to provide CalFlowers and its subsidiary with any and all information requested.

The individual signing below represents and warrants that the information provided in this Application / agreement is true and correct. I agree that I have read the above terms and hereby agree to said terms.

I verify that I, the undersigned, possess the authority to enter into this membership agreement on behalf of the Applicant, and I have completed this application truthfully. I agree to abide by the rules and policies of CalFlowers. I understand that if at any time my company's operation no longer meets membership criteria or should my company violate membership policies, the membership, along with its privileges and benefits, may be revoked.

Signature: _____ Date: _____

Print Name: _____ Title: _____

MEMBERSHIP POLICY

By making application for membership with the California Association of Flower Growers & Shippers (CalFlowers), member agrees to abide by the terms and conditions as stated in the association bylaws as well as the Membership policies set forth below

If a returned check is received, the member company will be required to pay the \$25 returned check fee. If a returned check is received more than once from a member, CalFlowers reserves the right to request payment by cashier's check in the future.

All memberships are non-transferable. Any member wishing to change its membership name must reapply for membership.

Membership benefits are extended only to the CalFlowers members that are in good standing. Any member who allows a non-member to use its member benefits shall be subject to disciplinary action and/or expulsion.

Member understands that transportation benefits are exclusive to the members of CalFlowers. Member further agrees to keep confidential the rates and programs offered by CalFlowers affiliated carriers. Additionally, member understands and agrees to abide by the rules, regulations, and restrictions imposed by affiliated transportation carriers, which may be updated from time to time.

Member understands that any action deemed to be abusive of any benefit or program offered by CalFlowers or that violates any of the above stated policies, which may be amended from time to time, including but not limited to a delinquent balance with an affiliated transportation carrier, shall subject the Member to suspension and/or termination of membership benefits.

Company Name

Owner or Officer of the Company Signature

Title

Print Name

Date

PLEASE ALLOW 30 DAYS FOR PROCESSING

Return Completed Application (submit NO fees) by mail, fax, or email to:

CalFlowers

ATTN: MEMBERSHIP DEPARTMENT

1500 41st Avenue, Suite 240, Capitola, CA 95010

Tel: (831) 479-4912 Fax: (831) 479-4914

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www.cafgs.org