



**California Association of
Flower Growers & Shippers**

**MEMBERSHIP APPLICATION
ASSOCIATE FLORAL / ASSOCIATE SERVICE / ASSOCIATE GROWER**

Thank you for your interest in membership in the California Association of Flower Growers & Shippers (CalFlowers). If you are a flower grower, wholesaler, or shipper outside of the state of California, then our *Associate Class* memberships may be an option for you.

Qualifications:	Associate Floral	Associate Service	Associate Grower
• Non-California Wholesale Florist	√		
• Non-California Retail Florist	√		
• Transport Carrier		√	
• Greenhouse Supplier		√	
• Packing Supplier		√	
• Non-California Grower of domestic flowers and/or potted plants			√
• Any other business providing services to the floral and agricultural industry		√	

Benefits:			
• Exclusive transportation rates*	√		√
• All written communications, including directory	√	√**	√
• Exhibit at Member Meetings		√	
• Exhibit at Fun 'N Sun Convention		√	

** except Transportation News

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

Associate Membership requirements

- Membership application must be completed in full for consideration, including signed acceptance of the Membership Policy.

Please select your membership class:

Associate Floral	Associate Service	Associate Grower
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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: _____

Associate Floral Applicants Only – Please also complete Items 6 and 7.

6. If you are applying for Associate Floral membership, you must provide a recommendation from one CalFlowers Floral Member in good standing (full voting California member). You need not be actively purchasing from them (yet), but an authorized representative must recommend you. Our staff will contact them as part of the application processing.

Referring Floral Member (Co.): _____

Authorized Representative: _____

7. I authorize Federal Express Corp. to contact me via phone, fax, letter, or email regarding the CalFlowers FedEx program. I also authorize CalFlowers to contact me via phone, fax, letter, or email regarding the CalFlowers FedEx program and other CalFlowers programs.

Signature: _____ Date: _____

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

SECTION B – 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 C - 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.

Associate Member: \$295

Application/Processing Fee: \$ 75

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. I agree to abide by the rules and policies of CalFlowers. I understand that if at any time my company's operations no longer meet 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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