



**California Association of  
Flower Growers & Shippers**

**MEMBERSHIP APPLICATION  
AG BUDDY**

**Thank you for your interest in joining 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 correct option for you.**

**Ag Buddy membership includes the following:**

- Exclusive transportation rates\*
- Various industry-related discounts
- 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.
- The 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 business name: \_\_\_\_\_
2. Business trade name or DBA: \_\_\_\_\_
3. Business name for CalFlowers directory: \_\_\_\_\_
4. Form of entity (please check one):  
 Corporation                       Partnership  
 Limited Liability Company         Sole Proprietorship
5. Number of years in business: \_\_\_\_\_
6. Number of years under present ownership: \_\_\_\_\_

7. Principal place of business:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Toll-Free Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Facebook handle/link: \_\_\_\_\_ Instagram handle: \_\_\_\_\_

8. Mailing address (if different than above):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Grower                                       Produce & Herbs

Other (please specify):  
\_\_\_\_\_

10. Please provide a brief description of your business.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Resale #: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_ Market Enforcement #: \_\_\_\_\_

12. Address of each branch location in California. Additional charges apply if you would like benefits extended to these locations. Please refer to SECTION E – Annual Dues and attach additional pages as necessary.

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Toll-Free Phone: \_\_\_\_\_

**SECTION B – Membership Communications**

1. CalFlowers sends information and invoices to new and existing members. Please provide the name, title, and email address of the person who will be the main point of contact for membership-related inquires and invoices.

_____	_____	_____
Name	Title	Email address

2. CalFlowers distributes an annual directory with the name of member-organizations and their contact information. Please provide the email address of your company’s main point of contact for inquiries about your business or your products which may be the same as the contact listed above:

\_\_\_\_\_  
Email address

3. CalFlowers *occasionally* sends information to your company’s chief officer, be that the President, CEO, or owner. Please provide the name, title, and email address of your company’s chief officer.

_____	_____	_____
Name	Title	Email address

4. CalFlowers holds annual elections. Please provide the name, title, and email address of your company's official voting representative which may be the same as the contact listed above:

Name	Title	Email address (if not listed above)

5. List the names and email addresses of up to five (5) additional individuals in your company who would like to receive *general* CalFlowers' communications, 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

**SECTION C - Program Usage Information**

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

Fed Ex     Trucking Companies     GLS     Airlines

*(Please visit [www.cafgs.org/transportation](http://www.cafgs.org/transportation) for a full description of our transportation programs.)*

2. I authorize FedEx 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: \_\_\_\_\_

**SECTION D – How Did You Hear About CalFlowers? (check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Existing CalFlowers Member / Word of Mouth / Individual Recruitment<br>(Who? _____)   | <input type="checkbox"/> Direct Mail or Email solicitation   |
| <input type="checkbox"/> Tabletop or Booth @ Industry Trade Show(s)<br>(Which shows? _____)                    | <input type="checkbox"/> Internet Search   |
| <input type="checkbox"/> Sponsorship @ Industry Event(s)<br>(Which events? _____)                              | <input type="checkbox"/> Federal Express Employee or Program Flyer                                 |
| <input type="checkbox"/> Ad or news article in Industry Magazine or Newsletter<br>(Which magazine / NL? _____) | <input type="checkbox"/> GLS Employee or Program Flyer   |
|  | <input type="checkbox"/> Social Media (Instagram, Facebook, Twitter, etc.)<br>(Which media? _____) |
|  | <input type="checkbox"/> Other<br>(Please list _____)  |

**SECTION E - Annual Dues**

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

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

*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 all deliveries under and pursuant to its account whether ordered by the customer or by any person representing the customer.*

*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: \_\_\_\_\_

