



**California Association of
Flower Growers & Shippers**

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

Thank you for your interest in joining 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* membership is the correct option for you.

<u>Qualifications:</u>	<u>Associate Floral</u>	<u>Associate Service</u>	<u>Associate Grower</u>
• 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		√	

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

** except Transportation News

Associate Membership requirements

- 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.*

Associate Membership requirements

- The 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

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 select one):
Corporation Partnership Corporation
 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)

- Association Broker Specialty Produce & Herbs
- Design / Event Planning Supplier of Goods
- Grower Supplier of Services
- Importer Transportation Provider
- Internet Retailers Wholesaler
- Retailer (traditional)

Please provide a brief description of your business.

10. Address of each branch location. 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: _____

Associate Grower Applicants Only

10. If you are applying as an **Associate Grower** (non-California) member, please provide at least one of the following documents with your application. Applications missing information will be delayed. If you have hindering circumstances, please contact us.

- Your company Business License
- Your website URL: _____
- Originals of any marketing collateral, flyers, sales brochures, etc.
- American Grown Certification
- List of Corporate or Individual Membership in other industry-related organizations

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 inquiries and invoices.

Name	Title	Email address
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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
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4. 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 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
(Who? _____) | <input type="checkbox"/> Direct Mail or Email solicitation |
| <input type="checkbox"/> Tabletop or Booth @ Industry Trade Show(s)
(Which shows? _____) | <input type="checkbox"/> Internet Search |
| <input type="checkbox"/> Sponsorship @ Industry Event(s)
(Which events? _____) | <input type="checkbox"/> Federal Express Employee or Program Flyer |
| <input type="checkbox"/> Ad or news article in Industry Magazine or Newsletter
(Which magazine / NL? _____) | <input type="checkbox"/> GLS Employee or Program Flyer |
| | <input type="checkbox"/> Social Media (Instagram, Facebook, Twitter, etc.)
(Which media? _____) |
| | <input type="checkbox"/> Other
(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.

Associate Member:	\$295
Additional Location Fee (per location):	\$295
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.

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 submitting an application with the California Association of Flower Growers & Shippers (CalFlowers), the member agrees to abide by the terms and conditions as stated in the Association’s 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, 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.

The member understands that transportation benefits are exclusive to the members of CalFlowers. The member further agrees to keep confidential the rates and programs offered by CalFlowers affiliated carriers. Additionally, the 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.

The 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 fax or email to:

CalFlowers

ATTN: MEMBERSHIP DEPARTMENT

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

Email: info@cafgs.org

www.cafgs.org