



California Association of
Flower Growers & Shippers

MEMBERSHIP APPLICATION FLORAL MEMBERSHIP

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, shipping, and/or retailing of ornamental flowers, foliage crops, and/or potted plants, then the Floral Membership is the correct option for you.

Floral 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
- Voting privileges

Floral 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**):

- | | | |
|--|---|--|
| <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 & | <input type="checkbox"/> Wholesale |
| <input type="checkbox"/> Other (please specify): | Herbs | |

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 for benefits to be extended to these locations. Please refer to SECTION E – Annual Dues and attach additional pages as necessary.

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Toll-Free Phone: _____

SECTION B – Membership Communications

1. CalFlowers sends pertinent 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

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 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)

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

Floral Member:	\$295
Additional Location Fee (per location, California only):	\$295
Out-of-State 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 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 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