



**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.

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

<b>Benefits:</b>			
• 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.

**Associate    Associate    Associate  
Floral        Service       Grower**

**Please select your membership class:**

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

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

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Company Name

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Owner or Officer of the Company Signature

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Title

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Print Name

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Date

### PLEASE ALLOW 30 DAYS FOR PROCESSING

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

CalFlowers

**ATTN: MEMBERSHIP DEPARTMENT**

1500 41<sup>st</sup> Avenue, Suite 240, Capitola, CA 95010

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

Admin@CalFlowers.org

**www.cafgs.org**