



# 2019 Floral Membership Application

## TELL US ABOUT YOUR COMPANY'S BUSINESS (SELECT ALL THAT APPLY)

### Select All Business Types That Apply

- |   |  |
|---|--|
| <input type="checkbox"/> Floral breeder (FL_BREED)          | <input type="checkbox"/> Hard goods supplier (FL_HARDGOODS)                                    |
| <input type="checkbox"/> Grower/shipper/processor (FL_GS)   | <input type="checkbox"/> Distributor (FL_DIS)  |
| <input type="checkbox"/> Cut floral products (FL_CUTFLORAL) | <input type="checkbox"/> Wholesaler (FL_WH)  |
| <input type="checkbox"/> Potted plants (FL_POTPLANTS)       | <input type="checkbox"/> Consultant (FL_CON)   |
| <input type="checkbox"/> Floral packaging (FL_PACKAGE)      | <input type="checkbox"/> Floral association (FL_ASN)   |
| <input type="checkbox"/> Importer (FL_IMP)                  | <input type="checkbox"/> Supplier of non-floral item(s) sold in the floral department (FL_SPL) |
| <input type="checkbox"/> Exporter (FL_EXP)                  |  |

### Gross Annual Floral Related Sales

- US \$0-5 million  
 US \$5-25 million  
 US \$25-50 million  
 US \$50-75 million  
 US \$75+ million

### Membership Dues

- US \$900  
 US \$1,170  
 US \$1,520  
 US \$1,975  
 US \$2,570

## PRIMARY MEMBERSHIP CONTACT INFORMATION

Name First  Last

Job Title

Company Name

Street Address 1   
(Include full shipping address - street, city, state, ZIP. FedEx will not deliver to a P.O. Box.)

Street Address 2

City  State

Zip+4/Postal Code  Country

P.O. Box

City  State

Zip+4/Postal Code  Country

Telephone (  )  Fax (  )   
(Country Code/Area Code)

Mobile Phone (  )   
(Country Code/Area Code)

Individual Email

Company Website

## MEMBER COMPANY INFORMATION (IF DIFFERENT FROM ABOVE)

Address 1   
(Include full shipping address - street, city, state, ZIP. FedEx will not deliver to a P.O. Box.)

Address 2

City  State

Zip+4/Postal Code  Country

Phone (  )  Fax (  )   
(Country Code/Area Code)

## PAYMENT INFORMATION

Membership benefits will begin upon receipt of dues payment and be retroactive to the 1st of the month. Pricing valid January 1, 2019 through December 31, 2019.

PMA Annual Membership Dues **US \$**

- Check enclosed (U.S. funds drawn on U.S. banks only.) Checks payable to PMA.
- Wire Transfer
- MasterCard®  VISA®  American Express®

PROMOTIONAL CODE  
CODE:

Account #  Expiration Date  /

Cardholder's Name (please print)

Cardholder's Employer Name (please print)

By checking this box, I indicate that I authorize this dues payment and understand this payment will make my company an active member of PMA for 12 months. I also understand that at the end of 12 months, my company will be invoiced for renewal.



**PLEASE PROVIDE US WITH AN ADDITIONAL MEMBERSHIP CONTACT.**

Name	First																Last																												
Job Title																																													
Company Name																																													
Street Address 1																																													
Street Address 2	<small>(Include full shipping address - street, city, state, ZIP. FedEx will not deliver to a P.O. Box.)</small>																																												
City																									State																				
Zip+4/Postal Code											Country																																		
P.O. Box																																													
City																									State																				
Zip+4/Postal Code											Country																																		
Telephone	(						)																Fax	(						)															
Mobile Phone	(						)																	(						)															
Individual Email																																													

By providing contact information on this application, the Primary and Secondary Membership Contacts agree to receive member value communications as specified in the Member Contact Policy which can be found online at pma.com.

**Please provide your services, products, and/or commodities:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please share the reason you are joining PMA:** \_\_\_\_\_

**RECOMMENDED BY**

Name \_\_\_\_\_ Company \_\_\_\_\_

