



2018 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 Produce/Floral Related Sales	Membership Dues
<input type="checkbox"/> US \$0-5 million	US \$900
<input type="checkbox"/> US \$5-25 million	US \$1,170
<input type="checkbox"/> US \$25-50 million	US \$1,520
<input type="checkbox"/> US \$50-75 million	US \$1,975
<input type="checkbox"/> US \$75+ million	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, 2018 through December 31, 2018.

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)

I authorize dues 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.



