



**MINNESOTA
STATE FLORISTS
ASSOCIATION**

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MNSFA MEMBERSHIP APPLICATION

Firm Name:		Name:	Title:
Current address:			
City:	State:	ZIP Code:	
Phone:	Toll Free:	Fax:	
E-Mail:	Website:		

PREMIUM MEMBERSHIPS TYPES: PLEASE CHECK ONE

We hereby apply for premium membership in MNSFA; agree to pay membership dues for the current year, and to support its endeavors to foster to florist industry in Minnesota.

I am a full service florist in Minnesota, subject to the following requirements: Refrigeration, Inventory of cut flowers, plants and greens. Professional design services and delivery service.

I am a Minnesota Floral Wholesaler that qualifies as a full time professional business with inventory, delivery service, a business telephone and displays a business sign is eligible for membership.

ASSOCIATES

We hereby apply for an associate membership in MNSFA, agree to pay membership dues for the current year, and to support its endeavors to foster to florist industry in Minnesota. Associate Membership is open the following business activities. (Please check one)

<input type="checkbox"/> Retail florist outside of Minnesota	<input type="checkbox"/> Manufactures of florist Supplies and accessories.
<input type="checkbox"/> Commercial Growers and distributors of flowers and plant	<input type="checkbox"/> Wire Service and Sub organization thereof
<input type="checkbox"/> retired or semi-retired from any category	<input type="checkbox"/> Supportive industries associated with the floral industries but not direct suppliers
<input type="checkbox"/> Individuals supportive of the industry	<input type="checkbox"/> Schools of the Floral Industry

Please see membership levels form for current pricing.

WE ARE ALWAYS LOOKING FOR WAYS TO HELP OUR MEMBERS & IMPROVE MNSFA

If you have any comments or ideas, please list them below. If you would like to become involved in MNSFA please let us know. Please check out our website for help and additional information.

Checks made payable to the Minnesota State Florist Association or pay online at mnsfa.org/payments MNSFA Should accompany this completed application.

Signature of applicant:	Date:
Title:	