



**Wisconsin & Upper Michigan Florists Association
Membership Application**

(Includes retail florists, wholesalers, growers, employees)

Name _____ Date _____

Firm _____ E-mail: _____

Phone _____ Fax _____

Address _____

City _____ State _____ Zip _____

Website URL: _____

Your position: Owner Partner Employee Other (please specify) _____

Length of time in above position _____ Sales Tax Exempt # _____

Display Refrigeration Size _____ (sq. ft.) Sales Area Size _____ (sq. ft.)

Wire Affiliations (please circle) FTD Teleflora BloomNet FSN Other _____

List 3 major suppliers _____

Please provide any other information that will help us process your application _____

Applicants Signature

WUMFA Approval Signature (date)

Regular Membership: \$99

(Additional shops under same owner \$25; list on reverse side)

Return completed application with payment to:

MAIL: WUMFA ~ PO Box 67 Haslett, MI 48840 or FAX to: (517) 575-0115

QUESTIONS? Call toll free (844) 400-9554 or visit www.wumfa.org