



CF Testing Registration Form

Please fill out this registration form completely.

If you have any questions, please call WUMFA at 517-253-7730

Name: _____

Home Address: _____

City _____ State _____ Zip _____

Home Ph: _____ Cell Ph: _____

Email: _____

Personal Registered Manual Number (located on lower right corner of the manual) _____

2026 Certified Florist (CF) Testing Dates/Locations (Check One)

_____ Wednesday, January 28th, 2026 / Krueger Wholesale - 10706 Tesch Lane, Rothchild, WI 54474

_____ Friday, March 20th, 2026 / Oneida Hotel & Conference Center - 2020 Airport Dr, Green Bay, WI 54313

Please check which portion of the Exam you are registering for: *(fee applies if you did not purchase the testing bundle when you purchased your manual)*

_____ Testing for Written: Cost \$75.00

_____ Testing for Hands-on: Cost \$175.00

_____ Testing for Both Hands-on and Written: Cost \$250.00

Method of Payment: _____ Check _____ Visa _____ Mastercard _____ AmEx _____ Discover

Card Number: _____ Exp. Date _____ Sec. Code _____

The undersigned acknowledges that they have thoroughly read the information contained within this packet and fully understands and accepts the application procedures and the requirements established by the CF Committee for membership.

Signature Required) _____ Date _____

Return this form to our office.

We will contact you with testing instructions and dates.

Exam Registration Fees are NON REFUNDABLE.

Mail Exam Registration Form to: WUMFA - PO Box 67, Haslett, MI 48840

Fax Exam Registration Form to: (517) 575-0115

E-Mail: cindy@greatlakesfloralassociation.org