



MEMBERSHIP FORM

Date: _____

Company/Organization Name: _____

Key Contact Name: _____ Title: _____

President/CEO (if different from above): _____

Address: _____

Office Number: _____

Cellphone: _____

Email: _____

Billing Contact Name: _____ Billing Contact Email: _____

Dues Suppliers and Allied Industries: \$695 per year

Foodservice Operators that sell directly to consumers: \$495 per year

Dues billed on annual anniversary. All companies must designate one key contact.

TELL US MORE ABOUT YOU

Please indicate:

Send Invoice

Send CC authorization form

Payment enclosed

Please indicate:

Supplier/Allied Industries

Retailers/Foodservice Operator

Floral Industry

Broker

Grower/Shipper

Commission

Wholesaler

Processor

Transportation

Media

Educational Institution

Non-profit Organization

Please list any additional employees that need to receive FPFC communications. If you have more than five employees, please fill out the second page.

Interested in
volunteering.
Y/N

Name	Title	Phone	Email	Interested in volunteering. Y/N
1.				
2.				
3.				
4.				
5.				

Remittance Address:
Fresh Produce & Floral Council
PO Box 3627
Lake Arrowhead, CA 92352



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