



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	
1.	_____	_____	_____	_____	
2.	_____	_____	_____	_____	
3.	_____	_____	_____	_____	
4.	_____	_____	_____	_____	
5.	_____	_____	_____	_____	

Please email completed form to:

matt@fpfc.org

Once received an invoice will be sent to complete your enrollment