

**Arizona State Florists Association (ASFA) MEMBERSHIP APPLICATION**

Date Of Application: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Additional Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

Who May We Thank For Referring You? \_\_\_\_\_

Signature: \_\_\_\_\_

**BUSINESS/CORPORATE MEMBERSHIP**

**One Payment**

New Member Application Fee	\$20.00
Business Membership	\$60.00
Application Fee + Business Membership + 1 Expo Admission	\$169.00
Application Fee + Business Membership + 2 Expo Admission	\$258.00
Application Fee + Business Membership + 3 Expo Admission	\$347.00
Additional Business Location (per Location)	\$20.00
Additional Expo Admission (At Time Of Initial Application)	<u>\$89.00</u>
<b>TOTAL REMITTED</b>	_____

**INDIVIDUAL MEMBERSHIP**

**One Payment**

New Member Application Fee	\$20.00
Individual Membership	\$35.00
Individual Membership + 1 Expo Admission	<u>\$144.00</u>
<b>TOTAL REMITTED</b>	_____

Name of Expo Attendee:
Name of Expo Attendee:
Name of Expo Attendee:

Name of Expo Attendee:
Name of Expo Attendee:
Name of Expo Attendee:

Check # \_\_\_\_\_ Enclosed For Payment In Full

Card Holder Name: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

Charge Credit Card For Payment In Full \_\_\_\_\_

**CARD NUMBER:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_



Mail Completed Application & Payment To:  
 ASFA Membership Chair ~ Caroline L Naylor, AzMF  
 Razzle Dazzle Flowers  
 7528 E Main St Ste 1  
 Mesa AZ 85207-8339

Shop Phone: 480-983-0802 or Cell Phone: 480-213-9553