

ALLIED FLORISTS OF HOUSTON ASSOCIATE MEMBERSHIP APPLICATION

NAME: _____

AAF

AIFD

PFCI

TMF

TMFA

FIRM: _____

FIRM ADDRESS: _____

HOME ADDRESS: _____

PHONE (WK): _____ PHONE (HM): _____

EMAIL: _____

WEB SITE: _____

YEARS EMPLOYED BY PRESENT FIRM: _____

YEARS IN FLORAL INDUSTRY: _____

BUSINESS OR AFH REFERENCES:

Dues must be sent with application.

Annual Dues are \$150 billed each July.

Return application to:

Allied Florists of Houston
c/o Taylor Wholesale Florist
1601 West 21st Street
Houston, TX 77008