

Allied Florists of Houston Retail Membership Application

FIRM: _____

CONTACT(S): _____

AAF AIFD PFCI TMF TMFA

ADDRESS: _____

PHONE: _____ TOLL FREE: _____ FAX: _____

EMAIL: _____

WEB SITE: _____

YEARS IN BUSINESS UNDER PRESENT OWNERSHIP: _____

NUMBER OF FULL TIME EMPLOYEES: _____

WIRE SERVICES:

BLOOMNET

FTD

TELEFLORA

OTHER (Please List)

BUSINESS OR AFH REFERENCES:

Annual Dues are \$150 billed each July.

Dues must be sent with application.

Return application to:

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

Contact info@alliedfloristsofhouston.org if you have any questions.