

Allied Florists of Houston

WHOLESALE / GROWER MEMBERSHIP APPLICATION

FIRM: _____

CONTACT(S): _____

ADDRESS: _____

PHONE: _____ TOLL FREE: _____

FAX: _____

EMAIL: _____

WEB SITE: _____

YEARS IN BUSINESS UNDER PRESENT OWNERSHIP: _____

NUMBER OF FULL TIME EMPLOYEES: _____

BUSINESS OR AFH REFERENCES:

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

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