



## MEMBERSHIP APPLICATION

Primary Member Name \_\_\_\_\_ USDA Hardiness Zone \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Additional Company Member:

Additional Member (\$75/additional member) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

How did you learn about the ASCFCG? \_\_\_\_\_

*Your membership is valid for one year from date of application.*

- \$195 **Primary Member**  
 \$ 75 **Each Additional Company Member**  
 \$2000 **Lifetime Membership**

*Contact us for educator, cooperative extension, and student rates, which are not applicable to those growing commercially.*

**Please select one:**

- Grower  Supplier  Retail Florist or Designer  Farmer Florist  Wholesaler

Do you want to be listed at localflowers.org?  Yes  No If yes, please enter address to be used for map marker.

\$ \_\_\_\_\_ Donation to the ASCFCG Research Foundation (a non-profit 501(c)(3)organization)

\$ \_\_\_\_\_ **Total Amount Enclosed**

### **PRINT AND MAIL WITH PAYMENT OR CALL THE ASCFCG**

- Check enclosed Bill my:  Visa  Mastercard

Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Name on card \_\_\_\_\_

Return completed form to: ASCFCG • MPO Box 268 • Oberlin, Ohio 44074

(440) 774-2887 phone • (440) 774-2435 fax • membership@ascfg.org • www.ascfg.org