



Membership Application

MEMBERSHIP INFORMATION

Directory Listing: (please print clearly)

Company Name _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____

Telephone _____ Fax _____

Company E-mail _____

Web Site _____

Primary Contact Mailing Address:

Contact Name _____

Title _____

Address (if different than directory listing) _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____

Telephone _____ Fax _____

Contact E-mail _____

Annual Dues

12-month membership * \$ _____

Florists' Review \$ _____

Optional Contributions **

America in Bloom \$ _____

PAYABLE TO OFA \$ _____

* Annual membership to OFA is non-refundable. Members will receive mailings, faxes, and e-mails from OFA and its approved partner organizations.

** For more information, visit www.americainbloom.org.

As an OFA member, you can save nearly 30% on the subscription cost to Florists' Review Magazine.
1 year subscription-\$28/US \$38/Non-US

Business Demographics:

Choose ONE Primary business function (P) and as many additional business functions (A) that apply to your

- | | |
|---|--|
| P | A |
| <input type="checkbox"/> Greenhouse | <input type="checkbox"/> Educational Institution |
| <input type="checkbox"/> Garden Center | <input type="checkbox"/> Gov/Association |
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Press |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Interior Plantscape |
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Retail Florist |
| <input type="checkbox"/> Distributor/Supplier | <input type="checkbox"/> Wholesale Florist |
| <input type="checkbox"/> Business Services | <input type="checkbox"/> Wholesale (non-green) |
| <input type="checkbox"/> Other (non-green) | |

Choose Business Area(s) that apply:

Grower:

- Annual/Bedding Plants
- Plug
- Perennials
- Potted Plants
- Foliage
- Trees/Shrubs
- Other (green)

Manufacturer/Supplier:

- Pesticide/Fertilizer
- Seeds
- Plastic
- Other (green)
- Other (non-green)
- Greenhouse Structures
- Machinery

Number of employees _____

Choose Primary Contact information that applies:

- | | |
|--|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Educator/Researcher |
| <input type="checkbox"/> Manager | <input type="checkbox"/> Student |
| <input type="checkbox"/> Buyer | <input type="checkbox"/> Landscaper |
| <input type="checkbox"/> Business/Accounting | <input type="checkbox"/> Interior Plantscape |
| <input type="checkbox"/> Marketing/Sales | <input type="checkbox"/> Florist/Designer |
| <input type="checkbox"/> Grower | <input type="checkbox"/> Retiree |
| <input type="checkbox"/> Press | <input type="checkbox"/> Other _____ |

Membership type _____ Number of subscription(s) _____

(Canada/Mexico add \$10 and all other countries add \$15)

A. Members without greenhouse space: allied, garden center, interiorscape, manufacturing, nursery, florist, etc.	\$125
B. Members with production greenhouse.	\$125
S/R Students/Retirees	\$60
EDU Educators	\$75
SUB. With a fully paid membership, subscriptions may be added for employees. Please send additional contact names on a separate page.	\$60 each

Method of Payment

- Visa/Master Card/American Express
- U.S. Check or Money Order (include membership number on check)

Account Number _____

Expiration Date _____ V-code Required (MC/Visa—last 3 digits on back of card)
(AmEx—4 digits on the front above account number)

**Return this form with payment in U.S. dollars
(Drawn on U.S. or Canadian bank) payable to:**

OFA - an Association of Floriculture Professionals
2130 Stella Court
Columbus, OH 43215-1033 USA
Phone: 614-487-1117 Fax: 614-487-1216

Visit OFA's Web site at: www.ofa.org