



Subscription Application

Subscriptions are available only to employees of member companies.

COMPANY INFORMATION

Directory Listing: (please print clearly)

Company Name

Address

City State/Province Zip/Postal Code

Country

Telephone Fax

Company E-mail

Web Site

Subscriber's Mailing Address:

Contact Name

Title

Address (if different than directory listing)

City State/Province Zip/Postal Code

Country

Telephone Fax

Contact E-mail

Subscription Rate

12-month subscription * \$ _____

Florists' Review \$ _____

Optional Contributions **

America in Bloom \$ _____

PAYABLE TO OFA \$ _____

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

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

As an OFA subscriber, 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 business.

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) | |

P A

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 _____ |

Subscription rate is \$60

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

Don't forget to take advantage of features available to you!

- Bi-monthly OFA Bulletin
- Monthly E-Bulletin with industry and OFA news
- Discounts to the OFA Short Course, workshops, seminars, and other educational events
- Access to OFA's e-Learning Community
- Access to floriculture and nursery research abstracts
- Peer-to-peer networking
- Listing in and personal copy of the OFA Resource Directory

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)

Authorized Signature _____

**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