

National Alliance of Floral Associations

Membership Application



Association Name _____

Address _____

City _____ St _____ Zip _____

Phone _____ Email _____

Association Website _____

Association Contact Name _____

Association Contact Name Email _____

Is this person a paid staff position or a volunteer? Paid Staff _____ Volunteer _____

Will the above contact be the same for next year? Yes _____ No _____

If No, please list the new contact information:

Association Contact Name _____

Association Contact Name Email _____

Address _____

City _____ St _____ Zip _____

Phone _____ Email _____

Year in Which your Association was established _____

Is your Association registered as non-profit organization with the IRS? Yes _____ No _____

What is your Federal Tax ID# _____

Please return this application, along with the \$75 Annual NAFA Membership fee to:

MAKE CHECKS PAYABLE TO NAFA

RETURN THIS FORM TO: NAFA C/O WESTMINSTER FLOWERS & GIFTS

8000 N FEDERAL BLVD

WESTMINSTER, CO 80031