Wholesale Florist & Florist Supplier Association
105 Eastern Ave, Suite 104, Annapolis, MD 21403
410-940-6580/ 888-289-3372, Fax: 410-263-1659
Visit us at www.wffsa.org

Application for Sales Representative Membership

A sales representative, who has represented a Regular member for at least five years immediately preceding the date of application, provided they continue to represent a regular member of WF&FSA.

Company Name: _____

Street Address: _____

City, State: _____ Zip Code: _____ Country: _____

Business Phone: _____ Fax: _____

Company Email: _____Website: _____

Key Contact Name: _____Title: _____

Key Contact Email: _____

Please list any employee contacts you would like to receive communications from WF&FSA:

Name: _____ Email: _____Title: _____
Name: _____ Email: _____Title: _____
Name: _____ Email: _____Title: _____

List the companies that you represent and the dates when you started representing them (You mat attach a separate list if necessary):

Company Name Date Started to Rep (Month/Year)

1. _____

2. _____

3. _____

Annual Dues are $295

Dues cover membership in WF&FSA for the period: Jan. 1 to Dec. 31.

☐ Please Check Preferred Payment Method:

Check enclosed - (Make check payable in US Funds to WF&FSA)

☐ American Express ☐ VISA ☐ MASTERCARD ☐ DISCOVER

Card Number: _____ Exp date: _____

Name_____ Security Code:_____

Signature_____
(Please print and sign as shown on credit card)

Application Completed By_____
(signature) (date)

_____
(type or print name) (title)

Credit Card Payments may be FAXED to 410-263-1659, or mail payments to WF&FSA, 105 Eastern Ave, Suite 104, Annapolis, MD 21403