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 Wholesale Membership

WF&FSA wholesale members shall be any proprietorship, partnership, or corporation, which meets the following membership qualifications:

A "floral wholesale distributor" is defined as an entity which conducts a wholesale commission and/or wholesale business in fresh flowers, greens, plants and/or florist supplies.

☐YES ☐NO - The applicant firm has continuously functioned as such for at least one year immediately preceding the date of the application.

☐YES ☐NO - 51% or more of its total sales in any year must be attributable to "wholesale sales," which are defined as sales made to other than end-users.

☐YES ☐NO - Not more than 49% of total sales of the applicant firm may be to retail establishments owned or controlled, directly or indirectly, by the applicant firm, or by any officer, director, partner, shareholder or proprietor of the applicant firm.

☐YES ☐NO - The applicant firm must have annual sales volume of at least $250,000. If any separate retail establishments are owned, controlled* (directly or indirectly), or operated by any officer, director, partner, shareholder or proprietor of the wholesale distributor firm, then separate warehouse facilities and records must be maintained. If a company conducts both "wholesale" and "retail" sales in a single salesroom and/or from a single warehouse facility, then at least 75% of total sales made in or from such facility must be at wholesale.

*"Controlled" shall be deemed to include any kind of control, direct or indirect, whether legally enforceable and however exercisable or exercised.

Company Name: _____

Key Contact Name: _____Contact Title: _____

Street Address: _____

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

Business Phone: _____ Fax: _____

Company Email: _____ Website address: _____

Key Contact Email: _____

Our firm is a: ☐ Proprietorship ☐ Partnership ☐ Corporation ☐ LLC

Our firm has been in business since _____ (month & year).

Primary Business Orientation: ☐ Fresh Products only ☐ Floral Supplies only ☐ Combination

Company Description: _____

_____

_____

_____

_____

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

Name: _____ Email: _____ Title: _____

Name: _____ Email: _____ Title: _____

Name: _____ Email: _____ Title: _____

Indicate Branch locations if applicable*:_____

_____

_____

* If the additional location or branch is a separate corporation, it will be required to hold a separate membership.

Trade References – wholesale firms and/or suppliers with whom you conduct business with on a regular basis:

	Firm Name	City/State	Phone Number
1.			
2.			
3.			

Dues Payment: Payment must accompany application. Dues are based on annual sales volume. Please check the applicable annual dollar sales volume below:

☐ $4,999,999 or under in annual revenue – Annual dues are $570. $ _____

☐ $5,000,000 to $9,999,999 in annual revenue – Annual dues are $1,150. $ _____

☐ $10,000,000 and over in annual revenue – Annual dues are $1,730. $ _____

Dues cover membership in WF&FSA for the period: Jan. 1 to Dec. 31. There is no charge for additional locations and/or branches. 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_____

Application Completed by: _____
(Signature) (Date)

_____
(type or print name) (title)

Applications may be FAXED to 410-263-1659, or mailed to WF&FSA, 105 Eastern Ave, Suite 104, Annapolis, MD 21403