

Membership Application

Please print and mail to:

Rhonda Little
Millinocket Floral
97 Penobscot Ave
Millinocket, ME 04462

Or Email to: msfga@gwi.net

Type of application: (Select One)

Maine State Florist and Growers Association _____

Professional Certified Florist Program _____ (Members Only)

Maine Master Floral Design School _____ (Members Only)

Business Name: _____

First Name: _____

Last Name: _____

Business Address: _____

City/Town: _____

State: _____

Zip Code: _____

Daytime/Business Phone Number: (____) _____

Cell Phone Number: (____) _____

Toll Free Number: (____) _____

Fax: (____) _____

E-mail Address: _____

Wire Service Affiliations: _____

Type of Business:(Please check all that apply)

Retail /Greenhouse/Garden Center: _____

Wholesale Florist/Supplier: _____

Wholesale Greenhouse: _____

Student: _____

Individual: _____

Wire Service: _____

Years in Business: _____

Years under current Owner: _____

How did You hear about MSF&GA? _____

What programs would you like to see MSF&GA offer to it's members? _____

Would you be interested in becoming involved with MSF&GA's committees, shows, workshops or fairs? _____

