

Massachusetts Flower Growers' Association
Membership Application

Dues remitted \$ _____ Type of Membership: _____ Active \$125.00 _____ Associate \$100.00

Name: _____ Date: _____

Address: _____

City/Town/Zip: _____

Telephone: _____ Fax: _____

Email: _____

Website: _____

(please confirm your email/web site address is correct EXACTLY as written above)

Contact Person: _____

Area Under Glass: _____ (sq ft) Area Under Plastic: _____ (sq ft)

Area devoted to flowers: _____ Outdoor acreage: _____

Allied business or crops: _____

Wholesale, Retail or Both: _____

(note: only members who specifically state they offer retail sales will be included in the online retail search engine)

Brief Description of Your Business _____

Specialty Crops: _____

Wholesale Crops: _____

Mail with dues to: Massachusetts Flower Growers' Association
8 Gould Road
Bedford, MA 01730

Eligibility

Active Membership: Active membership shall be open to all persons within the Commonwealth who own or lease 1,000 sq. ft. or more of ground space covered with glass or plastic, or a minimum of 1/2 acre of land outdoors, devoted to commercial flower production.

Associate Membership: Associate membership shall be open only to persons interested in the flower industry who do not own or lease in the Commonwealth of Massachusetts, more than 1,000 sq. ft. of ground space covered with glass or plastic or more than 1/2 acre of land outdoors, devoted to the commercial production of flowers; to persons or concerns already having active membership, or to all persons or concerns outside of the Commonwealth of Massachusetts. No individual or firm who qualify to apply for active membership may apply for associate membership.