



# Membership Application

Please complete all information that applies.

## MEMBERSHIP INFORMATION

Directory Listing: (please print clearly)

Company Name

Address

City State/Province Zip/Postal Code

Country

Telephone Fax

Company E-mail Web Site

## Primary Contact Mailing Address:

Contact Name/Title

Address (if different than directory listing)

City State/Province Zip/Postal Code

Country

Telephone Fax

Contact E-mail

## Annual Dues

Expires 3/31/11 \* \$ \_\_\_\_\_

Florists' Review \$ \_\_\_\_\_

## Optional Contributions \*\*

America in Bloom \$ \_\_\_\_\_

**PAYABLE TO OFA** \$ \_\_\_\_\_

\* Membership to OFA is non-refundable (see table below). Members will receive mailings, faxes, and e-mails from OFA and its approved partner organizations.

\*\* For more information, visit [www.americainbloom.org](http://www.americainbloom.org).

As an OFA member, you can save nearly 30% on the subscription cost to Florists' Review Magazine.  
Subscription-\$14/US \$24/Non-US  
Subscription will expire 3/31/2011

## Business Demographics:

Chose ONE Primary business function (P) and as many additional business functions (A) that apply to your business.

- |   |  |
|---|--|
| <b>P</b>                                      | <b>A</b>   |
| <input type="checkbox"/> Greenhouse           | <input type="checkbox"/> Educational Institution |
| <input type="checkbox"/> Garden Center        | <input type="checkbox"/> Gov/Association         |
| <input type="checkbox"/> Nursery              | <input type="checkbox"/> Press                   |
| <input type="checkbox"/> Landscaping          | <input type="checkbox"/> Interior Plantscape     |
| <input type="checkbox"/> Manufacturer         | <input type="checkbox"/> Retail Florist          |
| <input type="checkbox"/> Distributor/Supplier | <input type="checkbox"/> Wholesale Florist       |
| <input type="checkbox"/> Business Services    | <input type="checkbox"/> Wholesale (non-green)   |
| <input type="checkbox"/> Other (non-green)    |  |

Choose Business Area(s) that apply:

### Grower:

- |  |  |
|--|--|
| <input type="checkbox"/> Annual/Bedding Plants | <input type="checkbox"/> Pesticide/Fertilizer  |
| <input type="checkbox"/> Plug                  | <input type="checkbox"/> Seeds                 |
| <input type="checkbox"/> Perennials            | <input type="checkbox"/> Plastic               |
| <input type="checkbox"/> Potted Plants         | <input type="checkbox"/> Other (green)         |
| <input type="checkbox"/> Foliage               | <input type="checkbox"/> Other (non-green)     |
| <input type="checkbox"/> Trees/Shrubs          | <input type="checkbox"/> Greenhouse Structures |
| <input type="checkbox"/> Other (green)         | <input type="checkbox"/> Machinery             |

### Manufacturer/Supplier:

Number of employees \_\_\_\_\_

Choose Primary Contact information that applies:

- |  |  |
|--|--|
| <input type="checkbox"/> Owner               | <input type="checkbox"/> Educator/Researcher |
| <input type="checkbox"/> Manager             | <input type="checkbox"/> Student             |
| <input type="checkbox"/> Buyer               | <input type="checkbox"/> Landscaper          |
| <input type="checkbox"/> Business/Accounting | <input type="checkbox"/> Interior Plantscape |
| <input type="checkbox"/> Marketing/Sales     | <input type="checkbox"/> Florist/Designer    |
| <input type="checkbox"/> Grower              | <input type="checkbox"/> Retiree             |
| <input type="checkbox"/> Press               | <input type="checkbox"/> Other _____         |

Membership type \_\_\_\_\_ Number of subscription(s) \_\_\_\_\_

C.	Greenhouse, garden center, interiorscape, manufacturing, nursery, retail, wholesale, allied, etc.	\$125
E.	Educators	\$75
S.	Students	\$25
R.	Retirees	\$60
SUB.	With a full paid membership, additional subscriptions may be added. Please send additional contact on a separate page.	\$60

## Method of Payment

- Visa/Master Card/American Express  
 U.S. Check or Money Order (include membership number on check)

Account Number \_\_\_\_\_

Expiration Date V-code Required (MC/Visa—last 3 digits on back of card)  
(AmEx—4 digits on the front above account number)

Authorized Signature \_\_\_\_\_

**Return this form with payment in U.S. dollars  
(Drawn on U.S. or Canadian bank) payable to:**

OFA - an Association of Horticulture Professionals  
2130 Stella Court  
Columbus, OH 43215-1033 USA  
Phone: 614-487-1117 Fax: 614-487-1216

Visit OFA's web site at: [www.ofa.org](http://www.ofa.org)