

ASFA MEMBERSHIP APPLICATION

Firm name _____

Contact person _____

Address _____

City _____ St _____ Zip _____

Phone _____ FAX _____

Email _____ Referred by _____

Signature _____

New Member Application Fee \$20
Business Annual Dues \$60 Additional locations \$10 ea.
Individual Membership \$35.00

Application fee..... _____

Annual Dues..... _____

Additional Locations..... _____

Previous (past due) amount..... _____

Total Amount Due..... _____

(Attach a list of names/address of additional shops owned by the same entity.)

Make check payable to ASFA or charge to credit card:

Card # _____ exp _____

Signature _____

Mail completed application and payment to:

Anna Leonard
ASFA Membership Chairperson
A Rosebrush Floral Studio
435 W. Harmont Dr.
Phoenix, AZ 85021
602-943-8768
baleonard1@cox.net