



EMPLOYEE MEMBERSHIP APPLICATION

NAME: _____

____ AAF ____ AIFD ____ PFCI ____ TMF ____ TMFA

FIRM: _____

FIRM ADDRESS: _____

HOME ADDRESS: _____

PHONE (WK): _____ PHONE (HM): _____
FAX (WK): _____ FAX (HM): _____

EMAIL: _____

YEARS EMPLOYED BY PRESENT FIRM: _____ YEARS IN FLORAL INDUSTRY: _____

BUSINESS OR AFH REFERENCES:

Dues must be sent with application.

Annual Dues are \$75 billed each July. Any Prorating will be done in the second year of membership.

Return application to:

Allied Florists of Houston
C/o Taylor Wholesale Florist
1601 West 21st Street
Houston, TX 77008

contact info@alliedfloristsofhouston.org if you have
any additional questions.
direct billing inquiries to alliedhouston@hotmail.com
Submit Newsletter articles afhmagazine@gmail.com