



# Membership Application Retail Florist

Retail membership shall consist of and is limited to sole proprietors, partnerships and corporations, which are engaged in selling floral items or services on the retail level. A retail florist shall be defined as any entity which: maintains refrigeration and inventory of fresh cut flowers, plants and greens; employs a qualified designer; sustains a delivery vehicle or a delivery service; maintains a publicly listed business telephone; and displays a business sign.

Shop / Business Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

TF#: \_\_\_\_\_ FTD#: \_\_\_\_\_ Other: \_\_\_\_\_

### Areas you serve & Website listings

**Areas you serve:** Zip codes you can cover if you receive an order at 2:00 pm and can still deliver that same day in your trucks (no co-op/wire out)  
 \_\_\_\_\_ [ ] over for additional

**Website Listings:** Your primary shop will be listed with the address shown above. You will also be listed as "also served by" in towns which you can receive an order by 2:00 and still deliver the same day (no wire out/co-op) as listed above.

**"Primary Florist" Listings:** You must meet one of the following criteria (additional fee required):

- (1) You have multiple shops physically located in other towns.
- (2) There are no CFA shops physically located in the town and you can service the town with the above guidelines. Should a shop in that town join CFA, you will be automatically switched to an "also served by" listing.

\_\_\_\_\_ [ ] over for additional

Number of Employees:

Up to 5	_____	\$300.00 annual dues
6-10	_____	\$420.00 annual dues
11-20	_____	\$540.00 annual dues
over 20	_____	\$660.00 annual

Additional Primary Florist Listing \_\_\_\_\_ \$50.00 each annual fee

Payment Method: Please make checks payable to: **Chesapeake Floral Association**

Cash \$ \_\_\_\_\_ Check \$ \_\_\_\_\_ Check # \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed application to:  
 Marie Gaydos, Treasurer  
 Raimondi's Florist  
 9631 Liberty Rd.  
 Randallstown, MD 21133

Any further questions:  
 Membership Chairman - Marie Gaydos  
 Raimondi's Florist - 410-655-7700



# Membership Application Retail Florist

Shop / Business Name: \_\_\_\_\_

### Business Verification

Please include with your application the following pictures:

- Signage
- Storefront
- Delivery Van
- Refrigeration

Please include with your application the following information:

List two (2) retail references:

(1) Contact Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

(2) Contact Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_

List two (2) wholesale references:

(1) Contact Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

(2) Contact Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Hours of operation:

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

After Hours Service Available:  YES  NO

All applications are subject to final board approval.