

Member Company Information

Company Name _____
Mailing Address _____
City _____ State _____ Postal Code _____ Country _____
Website _____

Primary Membership Contact Information

(By providing contact information on this application, the Primary and Secondary Membership Contacts agree to receive member value communications as specified in the Member Contact Policy which can be found on our website.)

First Name _____ Last Name _____
Job Title _____
Telephone (Include Country / Area Code) _____ Fax (Include Country / Area Code) _____
Mobile Phone (Include Country / Area Code) _____ Email _____
Mailing Address (if different from company) _____
City _____ State _____ Postal Code _____ Country _____

Secondary Membership Contact Information

First Name _____ Last Name _____
Job Title _____
Telephone (Include Country / Area Code) _____ Fax (Include Country / Area Code) _____
Mobile Phone (Include Country / Area Code) _____ Email _____
Mailing Address (if different from company) _____
City _____ State _____ Postal Code _____ Country _____

Company Annual Business Volume (one calendar year)

Please indicate your company's gross annual floral related business volume including all subsidiaries, affiliates, or divisions. All figures shown in U.S. dollars. Pricing valid January 1, 2027, through December 31, 2027.

Tell us about your company's business (select all that apply).

- ☐ Floral Association
- ☐ Floral Breeder
- ☐ Floral Consultant
- ☐ Floral Cut Products
- ☐ Floral Distributor
- ☐ Floral Exporter
- ☐ Floral Grower-Shipper or Processor
- ☐ Floral Hard Goods Supplier
- ☐ Floral Importer
- ☐ Floral Packaging
- ☐ Floral Potted Plants
- ☐ Floral Wholesaler
- ☐ Supplier of Non-Floral Items to Floral Dept

Gross Annual Floral Related Sales

- ☐ US \$0-5 million
- ☐ US \$5-25 million
- ☐ US \$25-50 million
- ☐ US \$50-75 million
- ☐ US \$75 million & above

Membership Dues

- US \$1,330
- US \$1,740
- US \$2,250
- US \$2,915
- US \$3,790

PAYMENT INFORMATION*

By submitting this application, I understand the membership year runs January 1, 2027, through December 31, 2027. Membership benefits will begin upon receipt of dues payment and be retroactive to the 1st of the month in which dues are paid through December 31, 2027. Membership dues will be prorated when joining after January 31. Companies will be invoiced for annual membership renewal at end of year.

Annual membership dues: US \$ _____

- ☐ Check enclosed. (U.S. funds drawn on U.S. bank only.)
Check payable to International Fresh Produce Association.
- ☐ ACH
- ☐ Wire Transfer
- ☐ MasterCard ☐ VISA ☐ American Express

Account # _____ Expiration Date _____

Name on Card _____ CVV _____

*Please contact Finance at +1 (302) 738-7100, ext. 5 or accountreceivable@freshproduce.com for wire transfer and ACH details.

Ninety percent of membership dues payment is deductible as an ordinary business expense. Restrictions on deductibility are imposed as a result of association lobbying activities. We estimate that the non-deductible portion of your 2027 membership dues, the portion that is allocated to lobbying, is 10%. Membership dues payments are not tax deductible as charitable contributions. Membership dues are payable annually on January 1.