

# Membership Application

## Louisiana State Florists' Association, Inc.

[www.lsfaflorists.com](http://www.lsfaflorists.com)

[lsfa@lsfaonline.com](mailto:lsfa@lsfaonline.com)



\_\_\_\_\_ **New Member** \_\_\_\_\_ **Returning Member**

Applicant name: \_\_\_\_\_

Firm name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Firm Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Email Address \_\_\_\_\_

Please send membership information to my **home** or **firm** address (circle one).

Recommended for Membership by: \_\_\_\_\_  
(Member)

\_\_\_\_\_ Retail Member \_\_\_\_\_ Wholesale Member \_\_\_\_\_ Allied Trade \_\_\_\_\_ Employee Member

I \_\_\_\_\_ do hereby make application for membership in LOUISIANA STATE FLORISTS' ASSOCIATION, INC. I understand the approval is subject to the Membership committee and that its decision shall be final. I am enclosing **\$25.00** first year dues. Membership is based on the calendar year January to December. All memberships become due again on January 1<sup>st</sup> for the New Year.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Department of Agriculture License Number \_\_\_\_\_

**Membership dues may be charged to Visa, MasterCard or Discover or paid by check. Please enclose your payment with this application.**

Card#: \_\_\_\_\_ Exp: \_\_\_ - \_\_\_ Ver code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

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

**Complete and Return to:** LSFA, C/O Annie Taylor, P O Box 637, Scott, LA 70583

By signing this application, the applicant acknowledges and agrees to abide by the bylaws of LSFA and to abide by the decision of the membership committee of LSFA, Inc. Acceptance for membership should NOT be assumed until approved by the membership committee. No application shall be rejected solely on the basis of the applicants' race, creed, color, religion, sex, age, disability or national origin. **Retail Florist Member** shall be a full time employee or owner of a professional or commercial business establishment who's principal or primary business is the preparation and retail sale of flowers or other plant material. A **Licensed Florist Member** shall be currently licensed and in good standing with the State of Louisiana, regardless of employment. An **Allied Trade Member** shall be defined as the owner, representative and/or fulltime employee of a professional or commercial business establishment whose principal or primary business is the wholesale or retail sale or manufacture of florist requisites or the wholesale sale of flowers and other plant materials; or the growing of plants and flowers. An **Employee Member** is a full or part-time employee supervised by a licensed florist member. And **Honorary Members** are individuals recommended by the Membership Committee for honorary memberships who may not fall within the classification of "Retail Florists" or "Licensed Florists" or "Allied Trades" or "Employee." Honorary Members shall not be eligible for office in the Association, and shall have no vote at any meeting of the Association membership.

**Any questions call Lynette @ The Derby Hodge-Podge 337-779-8005  
or Annie @ Leona Sue's Florist (337) 234-1421**

