



MEMBERSHIP APPLICATION

YOUR NAME: _____

BUSINESS/ ORGANIZATION NAME: _____

PRODUCT TYPES: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ CELL: _____

EMAIL: _____

I do not have e-mail; please send Monthly Updates by mail.

ADDITIONAL NAME(S) FROM OUR FIRM TO RECEIVE MONTHLY UPDATES:
Please attach any additional names/e-mails as needed.

NAME: _____ E-MAIL: _____

GROWERS

- Under \$250 thousand\$100
- \$250 to \$499 thousand.....\$200
- \$500 to \$999 thousand.....\$500
- \$1 million to \$1.99 million.....\$1000
- \$2 million to \$3.99 million\$2000
- \$4 million and up\$2500

ALLIED TRADES

- Under \$1 million\$500
- \$1 million and above\$1000

INTERESTED OTHERS (NON-VOTING)

- Floriculture Educators\$50
- Floriculture Students\$25
- Friend of the Industry\$25

**Pay by credit card or make check payable and mail to
Michigan Greenhouse Growers Council (MGGC)**

Total Amount _____ Check # _____

Please charge my: Visa MC AMEX

Card Number: _____ EXP: _____ CID: _____

Cardholder Name: _____ Billing Zip Code: _____

