



# 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: \_\_\_\_\_

