



MEMBERSHIP APPLICATION

YOUR NAME: _____

BUSINESS/ ORGANIZATION NAME: _____

WHOLESALE _____ RETAIL _____

PRODUCT TYPES: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ CELL: _____

EMAIL: _____

ADDITIONAL NAME(S) FROM OUR ORGANIZATION TO RECEIVE MONTHLY UPDATES:

NAME: _____ E-MAIL: _____

NAME: _____ E-MAIL: _____

Dues are based on yearly revenue.

GROWERS

- Under \$499 thousand.....\$250
- \$500K to 1.49 million.....\$500
- \$1.5 mil to \$3.99 million.....\$1500
- \$4 million and up\$2500

ALLIED TRADES

- Under \$1 million\$500
- \$1 million and above\$1000
- Pillar Member\$2500
(includes sponsor benefits and recognition; website, newsletters, events etc.)

INTERESTED OTHERS *(non-commercial, non-voting)*

- Floriculture Educators\$50
- Floriculture Student / Friend of the Industry\$25

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

Total Amount _____ Check Enclosed # _____

Please charge my: Visa MC AMEX

Card Number: _____ EXP: _____ CID: _____

Cardholder Name: _____ Billing Zip Code: _____

