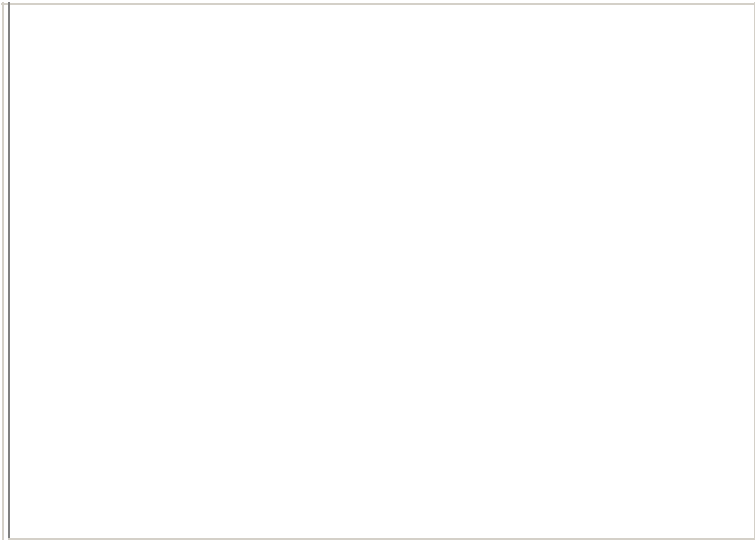




Application for Student Members

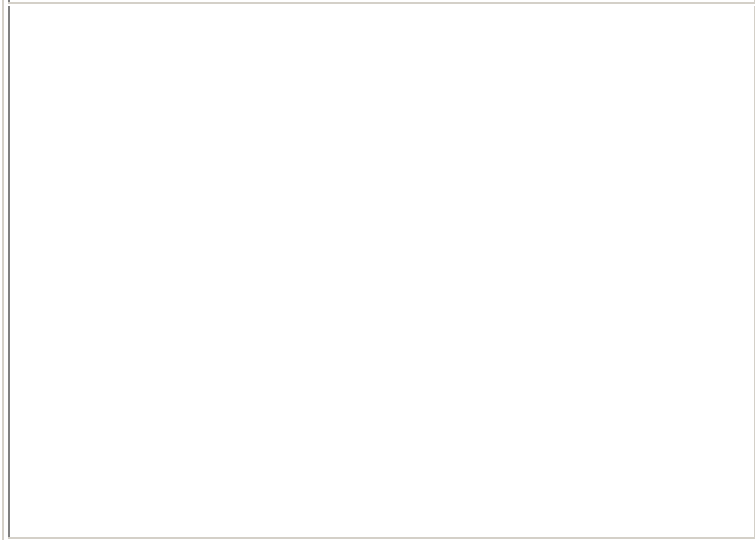
Name:	<i>(Please print your full name as you wish it to appear on your membership certificate)</i>					
Street Address:						
City:		State:		Zip:		
Ph H:		Ph Sch:		Ph Wk:		
Fax:		Degree Goal:		Year of Attendance:		
School Attending:						
Chapter:						
Specific Training in any field:						
Floral Employment/ Experience within the last 3 years:						
Why do you want to become a student member of AIFD?						
Student Signature:				Date:		
School Advisor Signature:						
AIFD Advisor Signature:						
<i>Signatures indicate that student is enrolled at the listed school and meets requirements for SAIFD membership, and is eligible for benefits extended to the AIFD Student.</i>						

Please affix three photos of your current work below:



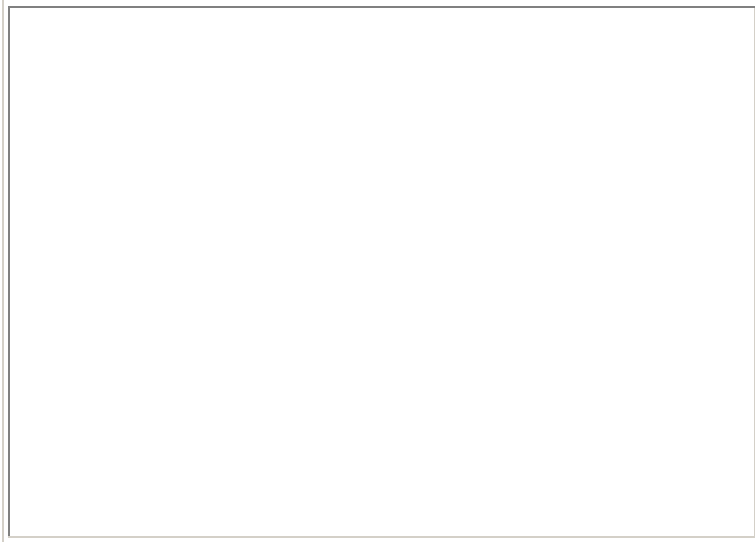
Arrangement

Price range \$



Bridal Bouquet

Price range \$



Centerpiece

Price range \$