

American Institute of Floral Designers



AIFD Friend Membership Application

Full Name: _____

Company Name: _____

Company Address: _____

City/State/Zip: _____

Telephone #: _____ Fax #: _____

Email Address: _____

An AIFD Friend will receive the following benefits:

- 1) Receive AIFD Member prices on all events (including Symposium) and online courses
- 2) Listed in the AIFD Directory distributed throughout the floral industry
- 3) Receive a copy of the AIFD Directory
- 4) Receive an electronic version of the quarterly AIFD Newsletter, "*Focal Points*"

The annual AIFD Friend investment is \$125.

Check enclosed

Bill my credit card MC VISA AmEx
CC Number: _____ Exp. Date: _____

Signature: _____

**Please complete and return to:
American Institute of Floral Designers
720 Light Street ● Baltimore, MD 21230 ● (410) 752-3318 ● FAX (410) 752-8295
Email: AIFD@assnhqtrs.com**