

MEMBERSHIP APPLICATION — *Please complete all sections.*

The undersigned hereby applies for REGULAR WHOLESALE ALLIED membership in the MAILORDER GARDENING ASSOCIATION and agrees to be governed by the Bylaws of said Association.

Firm Name _____ Number of Catalogs Mailed Annually _____

Address _____ City _____ State _____ Zip _____

Business Phone: _____ Fax No: _____ Website: _____

How did you hear about us? _____

What do you hope to gain from the MGA? _____

Did an MGA Member encourage you to join? Yes No If so, whom _____

Names of Company Officers (or other contacts) to be listed in the Association Membership Directory:

#1 _____ Title _____ Email Address _____
(Primary Contact)

#2 _____ Title _____ Email Address _____

#3 _____ Title _____ Email Address _____

Name of Person to receive DUES RENEWAL NOTICE: _____

Name of Person authorized to sign off on PRESS RELEASES mentioning your company: _____

MEMBERSHIP DIRECTORY AND WEBSITE

Please give a brief description of your business including product line, services provided, etc. This description will be viewed on the MGA Website in the Association's Directory of Members. (50 words or less please).

continued on next page

WHAT DO YOU WANT CONSUMERS TO READ ABOUT YOUR COMPANY?

If you are applying for **Regular (Catalog) Membership** OR if you are a **Gardening Publication (Allied Member)**, your company description, which you listed on the previous page, will also be viewed by gardening enthusiasts and other visitors who come to the MGA Website www.mailordergardening.com.

If you wish to cater your description more to the consumer, please write your other description below. (Leave blank if you wish to run the identical description listed on the front page.) PLEASE USE 50 WORDS OR LESS.

For Regular Members and Gardening Magazines:

Please check those categories you wish to be listed under in the garden catalog guide and on the website.

- | | |
|---|--|
| <input type="checkbox"/> Annuals | <input type="checkbox"/> Gifts and Decorative Accessories |
| <input type="checkbox"/> Bulbs | <input type="checkbox"/> Greenhouses and Indoor Gardening Supplies |
| <input type="checkbox"/> Perennials | <input type="checkbox"/> Ground Covers, Shrubs, Trees and Vines |
| <input type="checkbox"/> Aquatic Plants and Water Gardens | <input type="checkbox"/> Herbs and Vegetables |
| <input type="checkbox"/> Exotic Plants and Flowers | <input type="checkbox"/> Irrigation Supplies and Equipment |
| <input type="checkbox"/> Fertilizer, Weed & Pest Control Products | <input type="checkbox"/> Magazines and Books |
| <input type="checkbox"/> Flower, Vegetable & Wild Flower Seed | <input type="checkbox"/> Ornamental Grasses and Plants |
| <input type="checkbox"/> Fruit Trees and Berries | <input type="checkbox"/> Roses |
| <input type="checkbox"/> Garden Supplies, Tools & Power Equipment | <input type="checkbox"/> Other |

DESCRIPTION OF MEMBER CATEGORIES

A **Regular Member** is primarily engaged in the direct marketing of nursery stock, seeds, plants, bulbs, or related products and services to home gardeners.

A **Wholesale Member** is actively engaged in growing or selling nursery stock, seeds, plants, bulbs, or related services used by home gardeners.

An **Allied Member** is actively engaged in the manufacturing, distribution, or sale of supplies, equipment, or related gardening products used by Regular or Wholesale Members, including those preparing advertising or printed matter, common carriers of the industry's products, whose operation is of value to the organization.

SCHEDULE OF ANNUAL DUES

Regular Members

Dues are based on Gross Mail order Sales Annually

Under \$250,000 and in business for three years or less..... \$150.00
(ONLY APPLICABLE FOR A FIRST YEAR MEMBERSHIP) Incorporation Date: _____ **(required)**

Under \$250,000 \$300.00
From \$250,000 – 1,000,000 \$500.00
From \$1,000,000 – 4,000,000 \$700.00
From \$4,000,000 – 8,000,000 \$1,000.00
From \$8,000,000 and above..... \$1,250.00

Wholesale members \$375.00

Allied members \$375.00

Enclosed is payment for \$ _____ to cover the cost of membership.
(MGA's fiscal year is November 1 – October 31)

With the signing of this application, I give my approval to include my company name in MGA press releases that are prepared on behalf of the Association and for the MGA to communicate with me via email and Fax.

Applicant's Signature _____ Date _____

PAYMENT OPTIONS

Check Enclosed Please charge my: Visa Master Card

Please indicate the type of card: Personal Card Corporate Card

Total Amount: \$ _____ Card Number: _____ Exp. Date: _____

Printed Name: (exactly as it appears on card) _____

Company Name: (if Corporate Card) _____

Card Billing Address: _____ City: _____ State: _____ Zip: _____

Signature: (required) _____

The above signed agrees to pay the charges according to the card issuer agreement.

For office use only:		
Date Received: _____	Check No: _____	Amount Paid: _____
Approval No: _____	Reference No: _____	11/3/09