



Independent Floral Designers Association

Membership Form January – December 2017

Send \$60 dues check payable to IFDA to:
Terri Powers, IFDA Membership
10218 Castle Hill Court – Ellicott City MD 21042

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL _____

BUSINESS NAME _____

WEBSITE / BLOG URL _____

To make the most of your membership please answer below:

I have special floral interests in: _____

Do you want to be listed (name, phone, email, company, URL) on www.MyIFDA.com?
_____ Yes, list me / _____ No, don't list me

To promote IFDA we post pictures of our meetings and the designs created in them
online.

Please sign that you understand and agree to participate:

Signature _____ Date _____