



## Michigan Flower Growers' Cooperative New Member Interest Form

Legal Business Name \_\_\_\_\_

Business Entity Type (i.e. sole proprietor, llc, etc.) \_\_\_\_\_

EIN \_\_\_\_\_

Owner Name(s) \_\_\_\_\_

Name of Person who will be the principal contact with MFGC  
\_\_\_\_\_

Business Address \_\_\_\_\_

Farm Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

No. of years in business \_\_\_\_\_

No. of years growing flowers \_\_\_\_\_

5 top selling crops \_\_\_\_\_

How many acres do you have under cultivation? \_\_\_\_\_

Greenhouses? Other notable infrastructure? \_\_\_\_\_

Farm Practice (USDA Certified Organic, USDA Certified Naturally Grown, sustainable practices, conventional, other) \_\_\_\_\_

Do you offer floral design services? Y / N

What were your total gross sales last year?

Less than \$10,000

Between \$10,000 and \$49,999

Between \$49,999 and \$99,999

\$100,000 or more

Where do you currently sell your product?

Wholesalers

Farmers markets

Grocery stores

Direct to florists  
At the farm  
Other:  
Are you a farmer/ florist?

Why are you interested in joining the co-op?

Completed forms may be sent to:

Michigan Flower Growers Cooperative

PO Box 1630

Ann Arbor, MI 48106

or

[info@miflowercoop.com](mailto:info@miflowercoop.com)