

TEXAS MASTER FLORIST QUALIFYING EXAM

Name: _____

Shop/Business _____

Address: _____

City: _____ State: _____ Zip: _____

Mobile: _____ Email: _____

Exam Fee: **\$100.00** \$ _____

_____ Yes, I am a member of TSFA

_____ No, I am not a member. Enclosed are my 2023 dues \$ _____

Amount Enclosed: \$ _____

Please forward check to:
Texas State Florists' Association, P.O. Box 859 Leander, TX. 78646

OR

Charge: Visa _____ M/C _____ A/E _____

Expiration Date: _____ Zip Code for card: _____

The TMF Qualifying Exam will be administered at a date convenient for both you and the Education Committee member. Please list three dates (below) that would work for you.

- 1.
- 2.
- 3.