



**INSTRUCTIONS FOR FILING AN APPLICATION WITH THE  
American Academy of Floriculture**

PLEASE READ AND FOLLOW THESE INSTRUCTIONS CAREFULLY

Care in filling out the information required in the application is extremely important. Incomplete or inaccurate recording of facts can cause delay and disappointment. Please keep in mind that all information will be kept confidential.

1. Please read the criteria and application for admission to the Academy in its entirety before you fill anything out.
2. Please type or print legibly.
3. **There is a non-refundable application fee of \$150. A credit card payment (form attached) or check in that amount must accompany this application.**
4. Please return the completed application with your credit card payment or a check made out to SAF **by March 1, 2019**, to: **Jenester Corbin, Society of American Florists, 1001 N. Fairfax Street, Suite 201, Alexandria, VA 22314.**

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**CRITERIA FOR ELIGIBILITY FOR ADMISSION  
TO THE AMERICAN ACADEMY OF FLORICULTURE  
OF THE SOCIETY OF AMERICAN FLORISTS**

These criteria are the minimum criteria for applicants for admission to the American Academy of Floriculture. **Meeting the minimum criteria does not automatically confer membership in AAF or guarantees admission to AAF.**

**GENERAL CRITERIA**

1. The candidate for admission must be a member in good standing of the Society of American Florists for three years or more and must maintain that membership to qualify for using the AAF designation.
2. If applicants are owners, principles or partners of a business, they must have a favorable credit rating as evidenced by four letters from trade references. If applicants are employees of a member firm they must provide two letters of personal reference. \*
3. The candidate for admission must be endorsed in writing by two current members of the Academy. Letters must demonstrate level of service to industry or community. \*
4. The candidate for admission must have served or worked in the floral industry on a full-time basis a minimum of five years.

\* Personal reference letter and AAF endorsement letters may not be from family members or company members.

## **COMMUNITY SERVICE**

Admittance to the American Academy of Floriculture is an honor that is bestowed on those who have not only contributed to their industry, but also to their community. As evidence of a candidate's community service, a candidate should meet three of the ten criteria listed below.

1. The candidate for admission is a current or former active member of a community service organization such as the Kiwanis, Soroptimists, PTA, etc.
2. The candidate has been actively involved in a community service project.
3. The candidate has served as chairman of a local civic service project.
4. The candidate has actively participated in a neighborhood or community improvement or beautification project.
5. The candidate has served as an officer of a neighborhood or community organization.
6. The candidate has served as an officer or director of a community service group or organization.
7. The candidate has been actively involved in a local issue or referendum such as a school bond or tax issue.
8. The candidate has served as an elected local or state official.
9. The candidate has served on a community board such as a planning board.
10. The candidate has been the recipient of an award for community service.

## **INDUSTRY SUPPORT**

1. The candidate for admission must hold membership in the local, state or regional allied floral societies serving his or her area.
2. The candidate for admission must have served as a member of a committee or on the board of directors of a local, state or regional allied floral society, or the Society of American Florists or another major national floral association affiliated with the Society of American Florists, such as WF&FSA, state associations, AIFD, etc.
3. In addition to the two requirements listed above, the candidate for admission must meet at least three of the following criteria:
  - The candidate has attended an educational program sponsored by SAF or one of its allied societies designed to improve the candidate's competence in the floral business.
  - The candidate has attended a state, regional or national convention of a floricultural organization allied with the Society of American Florists.

- The candidate has conducted an educational program or seminar of at least one hours' duration for members of the floral industry.
- The candidate has written an article published in the official publication of SAF or one of its allied societies.
- The candidate has conducted a program of at least 30 minutes' duration on some aspect of ornamental horticulture for members of the public, i.e. a program at a service club meeting.
- The candidate has conducted a program informing students at the high school or college level of the benefits of a career in ornamental horticulture.
- The candidate has engaged in or supported biological research designed to improve the quality or variety of ornamental horticulture.
- The candidate has received an award from SAF or one of its allied societies recognizing the candidate's contribution.
- The candidate has served as a volunteer designer or commentator at an industry gathering such as a convention or educational program.

Candidates who meet the minimum criteria and who file an application for admittance will be considered for admittance by the Board of Trustees at the next meeting if all required documentation for the candidate is received at least 60 days prior to the scheduled meeting of the Trustees. Materials received after the deadline will be held over to the next scheduled meeting.



**AMERICAN ACADEMY OF FLORICULTURE  
APPLICATION FORM**

**Please type or print legibly.**

**1. Applicant's Full Name:** \_\_\_\_\_

**2. Business Address: (Firm)** \_\_\_\_\_

Street: \_\_\_\_\_

City \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Telephone (area code) \_\_\_\_\_

Fax (area code) \_\_\_\_\_

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

Position or Title \_\_\_\_\_

**3. Home address: (street)** \_\_\_\_\_

City \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Telephone (area code ) \_\_\_\_\_

**4. Category of membership in the Society of American Florists:**

\_\_\_\_\_ Affiliate \_\_\_\_\_ Associate

\_\_\_\_\_ Retailer \_\_\_\_\_ Allied Trade

\_\_\_\_\_ Grower \_\_\_\_\_ Wholesaler

\_\_\_\_\_ Other (define) \_\_\_\_\_

**5. Total number of full-time years in the floral industry:** \_\_\_\_\_

6. Positions of employment in the floral industry (excluding part time)

_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____

7. **Owners:** Please enclose **four (4)** letters of credit reference from suppliers with whom you currently do business **AND two (2)** letters of endorsement from current members of the Academy. **Employees:** Please enclose **two (2)** letters of personal reference **AND two (2)** letters of endorsement from current members of the Academy. **These letters are required and are considered part of the minimum criteria you must meet for your application to be reviewed. Letters should not be from family members or company employees.**

8. Educational Background:

Schools Attended	Dates	Degrees or Certificates
_____		
_____		
_____		
_____		
_____		
_____		

9. Other education or training, which aided in career (give details):

\_\_\_\_\_

\_\_\_\_\_

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**9. Other education or training, which aided in career (*cont'd. from previous page*)**

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**10. How do you update and educate yourself on new products available to your element of the industry?**

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**11. How have you educated yourself on business concerns within the last two years?**

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**DIVISION II: COMMUNITY SERVICE**

**NOTE:** "Community Service" refers to roles of service outside the industry in organizations involved with the Arts, Politics, Religion, Philanthropy, Charitable Service or Business.

**Letters of recommendation from someone with whom you have worked on a community service project are welcome in addition to the required letters in item 7.**

- 12. Community Activities:** (If the purpose or function of any organization listed is unclear or needs further explanation, please place an "X" in front of the organization in question and provide additional information on the back of this page or on a separate sheet.)

Organization	Position Held	Dates of Service

- 13. Awards and/or honors received outside the floral industry:**

Organization	Award Date	Reason

**14. If you wish to include any additional information on your community activities, please elaborate:**

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**DIVISION III: INDUSTRY ACTIVITIES**

15. List any floral industry organizations of which you (or your company) are a member:

**Organization**

**Dates of Membership**

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16. List positions of leadership in floral associations:

**Organization**

**Positions Held**

**Dates of Service**

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17. List programs in which you have been involved that were of benefit to the industry:

**Project/Event**

**Position of Responsibility**

**Dates**

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18 List speeches to industry groups that you have given:

**Organization Addressed**

**Subject**

**Date**

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**19. List any articles you have written that have been published in the industry press.**

<b>Publication</b>	<b>Subject / Title</b>	<b>Date</b>
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**20. List any shows or workshops in which you have been a panelist, designer or otherwise participated:**

<b>Sponsoring Organization</b>	<b>Your Role</b>	<b>Date</b>
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**21. List any awards or honors received within the floral industry:**

<b>Organization</b>	<b>Award</b>	<b>Date</b>
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**22. Please list here any additional information that you would like to bring to the attention of the Academy relative to your candidacy for admission.**

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**APPLICATION DEADLINE: March 1, 2019**

**Society of American Florists  
Jenester Corbin, Awards Committee Liaison  
American Academy of Floriculture  
1001 N. Fairfax Street, Suite 201  
Alexandria, VA 22314  
(703) 836-8700 / (800) 336-4743  
[jcorbin@safnow.org](mailto:jcorbin@safnow.org)**



## American Academy of Floriculture

### Credit Card Processing for 2019 AAF Application

DATE SUBMITTED: \_\_\_\_\_

\_\_\_\_\_ Visa    \_\_\_\_\_ Master Card    \_\_\_\_\_ American Express

EXP: \_\_\_\_\_

CVV Code: \_\_\_\_\_

AMOUNT:    **\$ 150.00**

NAME: \_\_\_\_\_  
*PLEASE PRINT NAME AS IT APPEARS ON CARD*

SIGNATURE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

[SAF – 50537-36-06]