CANADIAN ACADEMY OF Floral Art

ACADÉMIE CANADIENNE d'Art Floral

CAFA MEMBERS INFORMATION UPDATE 2019

Please print clearly)

SUPPLY ONLY INFORMATION YOU WISH PRINTED IN CAFA MEMBERSHIP DIRECTORY

Please indicate: AIFD_____ CAFA _____ OTHER_____

NEW PHOTOGRAPH (Head Shot) _____

LAST NAME : _____ **FIRST NAME** : _____

Street : _____

City : _____ **Prov./State** : _____

Postal/Zip Code : _____ **Country** : _____

Phone : ( )_____ **1 - (800)** : _____

Fax : ( )_____ **Email** : _____

BUSINESS NAME : _____

Street : _____

City : _____ **Prov./State** : _____

Postal/Zip Code : _____ **Country** : _____

Phone : ( )_____ **1 - (800)** : _____

Fax : ( )_____ **Email** : _____

I hereby authorize CAFA to send to my email address the CAFAchat and any other CAFA information and business updates as needed throughout the year above-mentioned

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****PLEASE RETURN AS SOON AS POSSIBLE****

MAIL to: Canadian Academy of Floral Art OR FAX to: (416) 699-6369

c/o Velta Berzins, CAFA,
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