



## Membership Application

(Annual Membership Fee is \$150 + \$25 application fee)

Individual Full Name

Company Name

Title/Position

Business Type

Business Phone

Fax

Business Address

City/State/Zip

Company Website Address

Email Address

Years in Business

Referred by

List Any Professional Affiliations, Certifications, or Memberships

I certify that I have been in business for at least one year and can provide proof of existence if requested by the organization. I understand that my membership approval will be based on my credentials, ethical standards of business, and the existence of my business which is based upon approval by the Board Members of The Association of Wedding Professionals.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date