

Application for Membership



Members of the Association of Wedding Professionals strive to promote the highest standards of service, business etiquette, and professional conduct in the wedding industry.

Please PRINT Applicant Information:

Name: _____
 Company Name: _____
 Business Address: _____
 City: _____ State: _____ ZIP: _____
 Business Phone Number: _____ Business FAX Number: _____
 Email address: _____ Website Address: _____
 Birthday: _____ Wedding Anniversary: _____
 (Month & Day only) (Month & Day only)

Description of Business: _____
 Length of time in business: _____

AWP Member Referral:

Submitting a completed and signed application for membership does not constitute an automatic membership in AWP. Each applicant, by their signature on this application, releases and holds harmless the Association, its Chapter, the respective Board of Directors and Officers from any claims, demands, or liability whatsoever related to the application, interpretation, or enforcement of the application denial procedure by the Association.

Applicant's Signature: _____ **Date** _____

There is a 30-day waiting period prior to membership acceptance. An applicant shall be considered for membership if: 1) The individual is interested in improving the standards and effectiveness of the wedding industry, 2) The business is duly licensed, insured, and certified to do business as may be required by law, 3) the individual has completed an Application for Membership and said Application is accompanied by the current dues, and 4) if the Applicant has been in business/operation for less than 12 months, has 2 AWP members recommending the applicant for membership below.

<i>Types of Membership and Annual Dues:</i>	Check one	Annual Dues
Active Member - The primary membership with full voting privileges	<input type="checkbox"/>	\$125
Associate Member - Additional member(s) representing the same company, attached to an Active membership. No voting privileges and cannot hold office, but may serve on a Committee in any capacity.	<input type="checkbox"/>	\$75
Student - enrolled in a wedding industry study, non-voting privileges	<input type="checkbox"/>	\$25

NOTE: Dues are pro-rated based on the month the Application is submitted for consideration.

Applications submitted: August thru October = 100% of Annual Dues
 November thru January = 75% of Annual Dues
 February thru April = 50% of Annual Dues
 May thru July = 25% of Annual Dues

Please List 2 Bridal Clients:

Name: _____ Name: _____
 Phone Number: _____ Phone Number: _____

Please List 2 Trade references (AWP Members if Applicant has not been in business for 12 months):

Name: _____ Name: _____
 Phone Number: _____ Phone Number: _____

Mail this application along with appropriate dues to:

AWP, P.O. Box 743005, Dallas, TX 75374-3005