

Save the Date Wedding Professionals 2007 Application for Membership

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Fax: _____

Email: _____

Website: _____

Services you provide: _____

Would you be interested in serving on one of the following committees?

- | | | |
|--------------------------|--------------------------|--------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Programs |
| <input type="checkbox"/> | <input type="checkbox"/> | Wedding Show |
| <input type="checkbox"/> | <input type="checkbox"/> | Membership |

Applicant Signature: _____ Date: _____

Please attach 2 letters of recommendation that will be kept on file. (i.e, letters from vendors, brides, etc)

Membership is \$100 per year and must accompany this application. Please mail this application and check made payable to "Save the Date Wedding Professionals" to: 1008 Harbor Lakes Dr., Granbury, TX 76048. Thank you!