

**Vermont Association of Wedding Professionals
Membership Application
July 1, 2007 - June 30, 2008**

Contact: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Website: _____

Phone: _____ Fax: _____

Business/Category: *Please circle your appropriate category(s). This will determine your listing online.*

Accommodations	Formalwear	Music/Entertainment	Transportation
Cakes	Gift Registry	Photography	Videography
Catering	Hair/Makeup	Reception Sites	Wed. Coordination
Destination Weddings	Honeymoon/Travel	Rehearsal Dinners	Wine & Spirits
Favors	Invitations	Rentals (Tents, Linens, etc)	Other: _____
Floral Design	Jewelry	Spas	

Please list appropriate licenses & permits: (if unknown, we can follow-up)

- Health License/Permit# _____
- Resale # _____
- Business License # _____
- If exempt, please explain _____

Market Research: *(information as it pertains to your business)*

Number of weddings per year: _____

Average \$ amount spent per wedding: _____

Most common wedding location (If applicable): _____

Most common residence of couples (state): _____

Member Participation:

I am interested in becoming a part of the following sub-committees:

Marketing/Advertising Lobbying/Community Affairs Membership/Outreach

I am interested in becoming a member because: _____

Please provide the contact information of five wedding industry professionals that you work closely with that would benefit by joining the Vermont Association of Wedding Professionals.

Contact	Business	Email/Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Membership Dues:

The following dues structure is based on wedding-related revenues and is renewed on an annual basis (starting July 1, 2006 through June 30, 2007) *Annual Membership Dues

- \$150 - Under \$150,000 in sales
- \$250 - \$150,000 - \$300,000 in sales
- \$500 - \$300,000 - \$750,000 in sales
- \$750 - \$750,000 - 2 million in sales
- \$1,500 - \$2 million or more

Method of Payment:

- Check Charge: Select card type VISA MasterCard AMEX

Account #: _____ Exp. Date _____

Signature: _____ Total \$ _____

Print Name: _____

Send completed application with payment to: VAWP, 1661 E. Warren Rd., Waitsfield, VT 05673
Or if paying by credit card, fax completed application to: (802) 863-6735

Code of Ethics:

As a member of the Vermont Association of Wedding Professionals, I shall:

- Provide my customers with professional & personable service
- Honor all contracts and verbal agreements with clients and fellow vendors
- Maintain proper licensing and observe requirements set forth by the state of Vermont for chosen profession
- Provide guidance and support to my fellow wedding professionals and treat them with respect
- Create partnerships with other Vermont wedding professionals
- Bear the mark of the Vermont Association of Wedding Professionals
- Work to promote Vermont regionally and nationally as a premier wedding destination

I hereby certify that I have read and agree to abide by the VAWP Code of Ethics.

Signature: _____

Title: _____ **Date:** _____