

Membership Application

All new memberships for Weddings of Distinction must be Board approved. Completion of this questionnaire does not guarantee membership.

Date _____

Name _____

Business _____

Address _____

Phone _____ Fax _____

Email _____

Website _____

1. Describe the type of specialty service that you offer your clients:

2. How long have you been in business? _____

3. How many weddings do you book within a year? _____

4. Are you interested in the Premium or Associate Level for Membership?

5. How did you hear about Weddings of Distinction?

6. Do you belong to other networking, professional or civic organizations? If so, please list them:

7. Please list 3 Business References and Contact information:

8. Is your business licensed within the state of California ? _____

Please return the completed form to Merrylin Brichmann by email: merrylin@cox.net or fax 619-593-7376.

