

Weddings of Sarasota Membership Application

Application Date: _____
Business Name: _____
Nature of Business (category): _____
Contact Person: _____
Address: _____
Phone: _____
Fax: _____
Cell: _____
Email address: _____
Web address: _____

You have met and/or provided the following:

Initials

- | | |
|--|-------|
| a. A minimum of 1 year in business in Florida | _____ |
| b. Attended two meetings as a guest | _____ |
| c. Attached copy of an occupational license (if applicable) | _____ |
| d. Provided 2 or 3 references(please attach) | _____ |
| e. Confirmed your business services the bridal industry | _____ |
| f. Reviewed "policies and Procedure: | _____ |
| g. Reviewed "By Laws" | _____ |
| h. Understand the requirement to participate in bridal shows | _____ |
| i. Understand the requirement to compensate meeting host for breakfast each month | _____ |
| j. Understand attendance requirements | _____ |
| k. Have submitted check for dues pending approval of the board | _____ |

Name of member sponsor
Applicant's Signature