

Membership Join Date: _____

Member Expiration Date: _____



Office Use Only: Renewal [] 2018 [] 2019 [] 2020

WPC Membership Application

Member Information	
First Name [] Mr. [] Ms.	Last Name
Title	Company
Business Address	City/State/Zip
Phone	Fax
Email	Web Address
Additional Members Name (First and Last)	Email
Additional Members Name (First and Last)	Email
Additional Members Name (First and Last)	Email

Member Profile	Fees
<input type="checkbox"/> Beauty <input type="checkbox"/> Bridal Consultant <input type="checkbox"/> Cakes <input type="checkbox"/> Event Decorators/Rentals <input type="checkbox"/> Facilities <input type="checkbox"/> Florists <input type="checkbox"/> Food Suppliers/Caterers <input type="checkbox"/> Invitations <input type="checkbox"/> Linens <input type="checkbox"/> Meeting/Event Planner <input type="checkbox"/> Music/Entertainment	<input type="checkbox"/> Officiants <input type="checkbox"/> Photographers <input type="checkbox"/> Transportation <input type="checkbox"/> Videographer <input type="checkbox"/> Travel <input type="checkbox"/> Wedding Media/Publications <input type="checkbox"/> Other: _____
	<p>Member \$285</p> <p>Each additional member from \$150</p> <p>*Application Fee \$35</p> <p>Total Fees Due: \$ _____</p> <p style="text-align: center;">Cash, Credit, money order, or checks Checks Payable to: D2D Solutions 5251 Norwich Street Hilliard, Ohio 43026</p>

Code of Ethics on file: [] 2018 [] 2019 [] 2020

Signature	Date

“Dedicated to serving our clients with the highest level of professionalism by being educated, knowledgeable of the current wedding trends and always exceeding industry standards.”

Referred By: _____
Payments on File (Office Use Only)
Date: Payment \$ _____ [] Check# _____ [] Credit Card # _____ [] Cash
Date: Payment \$ _____ [] Check# _____ [] Credit Card # _____ [] Cash
Date: Payment \$ _____ [] Check# _____ [] Credit Card # _____ [] Cash