

Membership Join Date: _____

Member Expiration Date: _____



Office Use Only: Renewal [] 2020 [] 2021 [] 2022

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

<input type="checkbox"/> Alterations <input type="checkbox"/> Bachelor/ Bachelorette <input type="checkbox"/> Beverages/ Alcohol <input type="checkbox"/> Beauty <input type="checkbox"/> Bridal Consultant <input type="checkbox"/> Cakes <input type="checkbox"/> Event Decorators/ Rentals <input type="checkbox"/> Favors & Gifts <input type="checkbox"/> Fitness & Health <input type="checkbox"/> Facilities <input type="checkbox"/> Florists	<input type="checkbox"/> Gift Registries <input type="checkbox"/> Gowns & Formalwear <input type="checkbox"/> Food Suppliers/Caterers <input type="checkbox"/> Invitations <input type="checkbox"/> Jewelers <input type="checkbox"/> Linens <input type="checkbox"/> Meeting/ Event Planner <input type="checkbox"/> Men's Formalwear <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: _____
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Fees	Referred By: _____
Member \$350	Code of Ethics on file: [] 2020 [] 2021 [] 2022
Each additional member from \$150	
Total Fees Due: \$ _____	Signature:
Cash, Credit, money order, or checks Checks Payable to: Devoted to Details 5251 Norwich Street Hilliard, Ohio 43026	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.”

Payments on File (Office Use Only)

Date:	Payment \$ _____	[] Check# _____	[] Credit Card # _____	[] Cash
Date:	Payment \$ _____	[] Check# _____	[] Credit Card # _____	[] Cash
Date:	Payment \$ _____	[] Check# _____	[] Credit Card # _____	[] Cash

