

Coastal Wedding Professionals

Post Office Box 4210, North Myrtle Beach, SC 29597

Email: info@coastalweddingprofessionals.com

www.coastalweddingprofessionals.com

Membership Application

Please review & submit this application for membership into the Coastal Wedding Professionals. By signing below, you agree to the terms & conditions herein as well as on the Rules and Regulations along with our Code of Ethics that you have read. Your signature also authorizes your entering into this agreement on behalf of the company listed below. This application constitutes a binding agreement by & between yourself & CWP once accepted by CWP. **Please print clearly in black or blue ink only.**

The below information will appear in the Membership Directory as well as Online:

Company: _____ Phone: _____

Representative: _____ Fax: _____

Mailing Address: _____

City/State/Zip: _____

Website: _____ Email: _____

Signature: _____ Date: _____

Select (X) the Category/Categories you would like to be listed under (up to 3 as appropriate):

Accommodations/Wedding Sites

Flowers

Music/Entertainment

Balloons/Décor/Rentals

Gifts/Favors

Officiants/Ministers

Bridal Gowns/Tuxedo's

Hair/Makeup/Nails

Photography

Cakes

Health/Fitness/Spa

Reception/Rehearsal Facility

Catering/Food & Beverage

Invitations/Registry

Specialty Items

Churches/Chapels

Jewelry/Accessories

Travel Agents

Consultant/Planner

Limousine/Carriage

Videography

\$175 Membership Dues. Submission of my application is for Annual Membership in the Coastal Wedding Professionals. I have read and will adhere to the Code of Ethics as well as Rules and Regulations of the Coastal Wedding Professionals. Term will be for 12 months from date of boards approval. **Non-refundable payment & copy of business license or Tax ID Number is due along with this application.**

Please make checks payable & mail to:

**Coastal Wedding Professionals
Post Office Box 4210
North Myrtle Beach, SC 29597**

Referred to CWP by: _____