



Student Membership Application

To qualify you must be taking a wedding planning credentialing course or be involved with a 2-4 year educational program with the intent to become a wedding professional.

Complete this application **(PLEASE PRINT)** and return to:
Association for Wedding Professionals, Int'l, 6700 Freeport Blvd Ste 202 Sacramento CA 95822
OR, if paying by credit card, FAX to **916-392-5222** or **888-714-3112 (Toll Free)**

Company Name _____ Contact Name _____
Address _____ City _____ St/Province _____ Zip _____
Phone: (____) _____ Fax: (____) _____ Email: _____

Who referred you or how did you find AFWPI? _____

Category choice: _____

Education

What credential program are you enrolled in OR what school are you attending to become a wedding professional?

Where?: _____ Who is your Instructor?: _____

Intern Information

Any spoken languages other than English?: ___yes ___no

If yes, which language(s)? _____

Computer skills? ___ What programs? _____

Any special skills? _____

Are you on Facebook – Myspace – Twitter – or any other Networking Sites? If yes, which one('s):

Membership Fee Schedule – Prices Subject to Change, Without Notice

Your membership begins the day we process your application and is good until the 15th of that month the following year.
Ex: If you join February 9, 2010 your membership is good until February 15, 2011.

Student Membership \$65 (annually) \$ _____

Each student will need to agree to intern for 100 hours or more (200 hours if interning in another country.)

Online: Photo or image added to listing (\$25) \$ _____

One-Time Set-Up Fee (First time members only) \$10 (Don't forget to add this fee to your total) \$ 10

Total: \$ _____

Payment

We accept checks, Visa, MasterCard, American Express and Discover

Check/Money Order/Cashier's Check: # _____ (make payable to AfWPi)

Credit Cards: Name on card: _____

Card # _____ - _____ - _____ - _____ **exp. date** ____/____/____ **cvv code** (last 3 numbers on the signature panel: _____)

Address where you receive your statement: _____

Signature of card holder: _____ Date: ____/____/____

Statement of Agreement

As a member of the Association for Wedding Professionals, International, I agree to follow the AfWPi Code of Ethics (see back of application) in all business practices. I will represent the Association for Wedding Professionals, International, in the most professional manner possible. I understand that membership is renewable one year from this date.

Signature x _____ Date _____

Code of Ethics

- To exhibit professional and ethical behavior.
- To communicate completely with customers regarding all aspects of products and/or services.
- To settle disputes professionally and promptly.
- To return phone calls to current as well as potential customers.
- To treat other wedding professionals with respect.
- To assist in the advancement of the wedding industry.
- To observe all laws and obtain all licenses and permits required by law.
- To honor all agreements made with customers, suppliers and service providers.