



Association of Certified Professional Wedding Consultants

AFFILIATE MEMBERSHIP APPLICATION 2010

(Please **PRINT** and complete in full)

Name: _____
Business Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Business Phone: () _____ Home: () _____
Fax: () _____ Cell: () _____
Email: _____ (please print legibly)
Website: _____ Birthday _____

Where did you receive your training? _____
Did you graduate from the course? _____ Date/Year of Graduation: _____

Level Completed: _____
_____ Certificate of Completion _____ Professional _____ Certified Title _____ Other
Explain _____

Presently Employed by: _____
Position: _____
Self Employed: Full Time _____ Part Time _____

Fee \$200 + Membership Dues (includes Reference Guide and badge)

Membership Status: **Active** _____ Dues: \$225 year / ***Associate** _____ Dues: \$150 year
* Members who do not belong to a specific chapter where they can attend meetings.

I would like to become a member of: _____ (Select Chapter)

(No. California So. California Georgia Texas Florida Colorado Washington)

GOAL: Are you working towards Professional Title _____ or Full Certification Title _____

Talents or areas of interest/expertise _____

Comments we may quote: _____

SIGNATURE: _____ Date: _____

AGREEMENT

This agreement is entered into this date between the Association of Certified Professional Wedding Consultants (ACPWC) and the active or associate member listed below.

WHEREAS, both member and the ACPWC wish to continue their professional relationship and membership in the ACPWC.

WHEREAS, the By-laws and Code of Ethics of the ACPWC must be upheld and maintained by all members in good standing within the ACPWC;

Therefore, it is hereby agreed that said member:

1. is an active or associate member of the ACPWC.
2. agrees to uphold the principles of the ACPWC pursuant to its By-laws and Code of Ethics.
3. agrees to be loyal to the ACPWC and defend its integrity. In addition, member agrees not to compete with the ACPWC in any way or question the validity of the ACPWC.
4. agrees to maintain the confidences and trade secrets of the ACPWC and agrees not to compete with the ACPWC, including all future planning of the ACPWC.
5. agrees to behave in a professional manner at all times and will not display any negative attitude toward the ACPWC, including its board and members, and will avoid talking or emailing in any prejudicial or defamatory manner.
6. agrees to abide by all copyright laws pertaining to the educational feature of the ACPWC, and will not use any of the educational materials of the ACPWC for their own use or that of a competing organization.
7. agrees that said member will not serve on the Board of Directors, as Instructor or Chapter Chairperson of the ACPWC, if holding a leadership position in any other competitive organization.
8. agrees that said member will not disclose to any competing organization any information concerning the ACPWC, or received from the ACPWC, or obtained through their association with the ACPWC.

PURSUANT TO THE ABOVE, said member will remain an active or associate member of the ACPWC upon signing this Agreement. If any of the above contingencies are breached, as determined by the Board of Directors or the Director, membership in the ACPWC will be terminated immediately, with notice, and all benefits and titles, including the use of the ACPWC logo, will be revoked forever.

Deborah Moody, Director ACPWC

Date _____

Signature

Office Use: _____
New Member App 2010

Business License Request Form

PLEASE ATTACH/STAPLE A COPY OF YOUR CURRENT CALENDAR YEAR BUSINESS LICENSE TO THIS FORM AND SIGN THE BOTTOM OF THE FORM.

_____ I hereby attest, to the best of my knowledge, that this is the most current copy of my business license.

_____ I hereby attest, that I am working as a facility/site coordinator and no license is required.

_____ I hereby attest, after checking the business license requirements in my area, that no license is required.

OTHER NOTATIONS:

Signature: _____

Date: _____

Attach: Membership Application, Agreement & Business License Form (3 pages)

Include check or money order made payable to ACPWC.

Mail or fax to 408.226.0697 **Payment may be made on line**

Mail to: ACPWC
Deborah Moody
122 Destry Court
San Jose, CA 95136

Office Use: _____

New Member App 2010