



2727 Harlem Rd. Cheektowaga, NY 14225 (716)884-5391 Fax (716) 884-1803 info@buffalobridalassociation.com
www.buffalobridalassociation.com

Membership Application

Please review & submit this application to us. By your signature you agree to terms & conditions stated below and on back of this page. This application constitutes a binding agreement when accepted by Buffalo Bridal Association. The individual whose signature appears below warrants and represents that he/she has authority to enter into this agreement on behalf of the company or organization represented.

1 Provide information as you wish it to appear in Membership Directory and at www.buffalobridalassociation.com.

Company: _____ Phone _____
 Contact person: _____ Fax: _____
 Mailing addr: _____ Email: _____
 City/St/Zip _____ www . _____

Business licenses, professional organizations you belong to, if any: _____

If possible, provide 3 - 4 references from among our current membership (see list at www.BuffaloBridalAssociation.com)

Signature _____ Title _____ Date _____

2 Select (X) the category you would like to be listed under (Choose up to two categories as appropriate.)

<input type="checkbox"/> Alterations	<input type="checkbox"/> Catering/Food/Beverage	<input type="checkbox"/> Hair/Make-up	<input type="checkbox"/> Publications
<input type="checkbox"/> Apparel	<input type="checkbox"/> China/Silver	<input type="checkbox"/> Hotel Accommodations	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Balloons/Decor	<input type="checkbox"/> Chocolate Fountains	<input type="checkbox"/> Honeymoon/Travel	<input type="checkbox"/> Reception/Rehearsal Facility
<input type="checkbox"/> Bachelor/Bachelorette Party Plans	<input type="checkbox"/> Consultant/Director	<input type="checkbox"/> Invitations/Paper Goods	<input type="checkbox"/> Registry
<input type="checkbox"/> Bridal Gowns	<input type="checkbox"/> Day Spa/Health/Beauty	<input type="checkbox"/> Jewelry/Accessories	<input type="checkbox"/> Specialty Linen Rental
<input type="checkbox"/> Bridal Shows	<input type="checkbox"/> Financial/Insurance	<input type="checkbox"/> Limousine/Transportation	<input type="checkbox"/> Swim/Resort Wear
<input type="checkbox"/> Cakes	<input type="checkbox"/> Florist	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Tuxedos
<input type="checkbox"/> Calligraphy	<input type="checkbox"/> Gifts/favors	<input type="checkbox"/> Music/Entertainment	<input type="checkbox"/> Videography
		<input type="checkbox"/> Photography	<input type="checkbox"/> Wedding rentals

3 \$340 Payment. I herein submit my Application for annual Membership in Buffalo Bridal Association. Term will begin on date payment is received; payment is due with this application.

Check enclosed Credit card: _____ Exp date: ____/____/____

Pay by check or credit card: Buffalo Bridal Association 2727 Harlem Rd. Cheektowaga, NY 14225

Notes: _____
