

CENTRAL FLORIDA BRIDAL ASSOCIATION
Application for Membership

Name of business _____

Owner _____

Mailing Address _____

City _____ State _____ Zip code _____

Phone _____ Cell _____ Fax _____

E-Mail Address _____

Web Site _____

Part time or full time business? _____ Years in Business _____

Product or Service _____

Names of representatives from company who may come to CFBA meeting:

Sponsoring CFBA Member _____

Dues are \$430.00 per year. This entitles the member to two Bridal Shows per year at no additional charge.

Please include a check make payable to “Central Florida Bridal Association” and send to:
Central Florida Bridal Association
c/o Priscilla Lucas, Party Flavors
1063 S. Clarke Rd
Ocoee, FL 34761.

Please include this contract.

(For office use only)

Date Received _____ Accepted for Membership _____