

**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 \_\_\_\_\_ P \_\_\_\_\_

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:  
Cherished Moments, 17721 Deer Isle Circle, Winter Garden, Fl. 34787.

Please include this contract.

(For office use only)

Date Received \_\_\_\_\_ Accepted for Membership \_\_\_\_\_