

Membership Application for Wedding Associates of NS

(Please print clearly)

Fax to: 902-434-5330



WeddingAssociatesofNS

Company _____ Contact _____

Mailing Address _____

City _____ Prov. _____ PC _____

Phone _____ Cell _____ Fax _____

Website _____ Email _____

Service Provided _____

Payment Terms: Make cheque payable to Wedding Associates of NS. Payment may be made with cheque, money order, VISA or MasterCard. Visa and MasterCard payments will appear on statement as Wedding Showcase NS. If paying by card, please provide information below. Payments are non-refundable.

Card Type: **Visa or MasterCard**

Card Number:

Expiry date:

Total amount due:

I agree that a payment from facsimile shall be deemed to be an original and enforceable there as. I promise to pay such total amount subject to and in accordance with agreement governing the use of such card. Membership will continue on an ongoing yearly basis and members agree to Wedding Associates of NS taking payment from member's credit card unless notified in advance prior to renewal.

I have read and by my signature below, agree to abide by the terms set forth in this membership application as stated above.

Signature:

MEMBER: _____

WANS: _____

Date: _____

Date: _____