

Queenstown Wedding Association Membership Application Form

Email: info@queenstownweddings.org



Please fill out this form if you wish to become a QWA Member

Business Name: _____

Business Email: _____

Business Phone #: _____

Business Website: _____

Full Business Address:

The above information will go onto your listing – please make sure we have the right contact for membership emails below if different from above

Membership Contact Name and number : _____

Membership Email: _____

Category: **(please tick) \$250 for primary listing and MAKE CLEAR -**

Additional listings for \$75 each - all details must be the same

Additional categories with different images and text - \$125/listing

- | | | |
|---|--|---|
| <input type="checkbox"/> Venue | <input type="checkbox"/> Accommodation | <input type="checkbox"/> Celebrants |
| <input type="checkbox"/> Wedding Planners | <input type="checkbox"/> Wedding Photography | <input type="checkbox"/> Wedding Videography |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Wedding Cakes | <input type="checkbox"/> Entertainment |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Helicopters | <input type="checkbox"/> Packages/Heli-Weddings |
| <input type="checkbox"/> Decor & styling | <input type="checkbox"/> Equipment hire | <input type="checkbox"/> Attire/Jewelers |
| <input type="checkbox"/> Hair & Makeup | <input type="checkbox"/> Stationery | <input type="checkbox"/> Group activities |
| <input type="checkbox"/> Beverage | <input type="checkbox"/> Hen & Stag | <input type="checkbox"/> Florist |
| <input type="checkbox"/> Spa & Relaxation | | |

Job Title/Position: _____ Year started in Profession: ____

YES I want to become a QWA member. _____

Signature

Date

To give us an idea of what business events you would be interested in attending, please indicate what topics are of interest to you as a Wedding Professional:

Latest Wedding Trends/Wedding Advice Queenstown Business Resources Social Events

Self-promotion/Marketing Other: _____

Please provide any other feedback as to what you would like to get out of being a QWA member:

Please invoice my QWA membership fee (for membership year ending 31st July 2019) to:

Company name of whom the invoice is to be made out to: _____

Privacy Statement

The personal information provided in this form will only be used by QWZ members, for the purposes of QWA business, and will not be disclosed to third parties without your written consent.