

CELTIC VENDORS ASSOCIATION  
APPLICATION FOR ASSOCIATE MEMBERSHIP

Name of business: \_\_\_\_\_

Contact person: \_\_\_\_\_

Business phone: ( ) \_\_\_\_\_

Mobile phone: ( ) \_\_\_\_\_

Web site: \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

What products or services does the business provide? \_\_\_\_\_

\_\_\_\_\_

Comments you want on your page in the Web site? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about the Celtic Vendors Association? \_\_\_\_\_

\_\_\_\_\_

**IMPORTANT:**

You can help us process your application in a timely manner by:

- Reviewing your application of accuracy.
- Including your check or money order in the amount of \$50.00 for a 1 year membership.
- Including your business logo or photo is optional.

I have filled out this application accurately. I have read the membership requirements and agree to the terms and conditions. I understand that the Celtic Vendors Association reserves the right to accept or deny any application or cancel membership at anytime.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**ADMINISTRATOR USE ONLY:**

APPLICATION RECEIVED: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WEB ENTRY DATE: \_\_\_\_\_

ADMIN INITIAL & DATE: \_\_\_\_\_