

CELTIC VENDORS ASSOCIATION
APPLICATION FOR ASSOCIATE MEMBERSHIP

Name of business: _____

Contact person: _____

Business phone: () _____

Mobile phone: () _____

Web site: _____

Fax: () _____

E-mail _____

At what events do you currently vend? _____

List the foods you sell at events? _____

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 \$25.00 for a 1 year membership.
- Including a photograph of your business set up.

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: _____