



3603 Gramercy Road Greensboro, NC 27410 (336) 545-1970 Fax (336) 545-4574 info@triadbridal.com
www.triadbridal.com

HELPFUL: After filling in all fields, choose "Print" (not "Save") then select "Adobe PDF" as if it was your printer.

Membership Application

Please review & submit this application to us. By your signature you agree to terms & conditions stated below and on back of this page. This application constitutes a binding agreement when accepted by Triad Bridal Association. The individual whose signature appears below warrants and represents that he/she has authority to enter into this agreement on behalf of the company or organization represented.

1 Provide information as you wish it to appear in Membership Directory and at www.triadbridal.com.

Company: _____ Phone: _____

Contact person: _____ Fax: _____

Mailing addr: _____ Email: _____

City/St/Zip _____ www. _____

Business licenses, professional organizations you belong to, if any: _____

List 3-4 references (if possible, include current Triad Bridal members: see list at www.triadbridal.com):

Signature _____ Title _____ Date _____

2 Select (X) the category you would like to be listed under. (Choose up to three categories as appropriate.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Alterations | <input type="checkbox"/> Gifts/favors | <input type="checkbox"/> Miscellaneous |
| <input type="checkbox"/> Balloons/Flowers/decor | <input type="checkbox"/> Hair/Make-up | <input type="checkbox"/> Music/entertainment |
| <input type="checkbox"/> Bridal Gowns | <input type="checkbox"/> Hotel Accommodations | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Cakes | <input type="checkbox"/> Health/fitness/beauty | <input type="checkbox"/> Reception/Rehearsal Facility |
| <input type="checkbox"/> Catering/Food | <input type="checkbox"/> Honeymoon/travel | <input type="checkbox"/> Registry |
| <input type="checkbox"/> China/Silver/Registry | <input type="checkbox"/> Invitations/paper goods | <input type="checkbox"/> Tuxedos |
| <input type="checkbox"/> Consultant/Director | <input type="checkbox"/> Jewelry/accessories | <input type="checkbox"/> Videography |
| <input type="checkbox"/> Financial/Insurance | <input type="checkbox"/> Limousine/carriage | <input type="checkbox"/> Wedding rentals |

3 \$340 Payment. I herein submit my Application for annual Membership in Triad Bridal Association. Term will begin on date payment is received; payment is due with this application.

Check enclosed Credit card: _____ Exp date: ____/____/____

Pay by check or credit card: Triad Bridal Association 3603 Gramercy Road Greensboro, NC 27410

Notes: _____

Triad Bridal Association RULES AND REGULATIONS

1. **Term.** This agreement will commence upon payment of dues by Member (hereafter, "You"/"Your") and shall continue for twelve months thereafter. This agreement shall not be in force until accepted by Triad Bridal Association (hereafter, "TBA"), which reserves the right to cancel this agreement without further obligation at any time by rescinding all future obligations under this contract, or for cause if You have failed to pay as agreed or if You fail to perform any material term or condition of this agreement.

Member shall pay a fee of \$40 for any check presented for payment that is returned by the bank.

2. **Code of Ethics.** You must adhere to the TBA Code of Ethics, which guides the business practices of Members and helps ensure adherence to the principles upon which TBA is based. It is understood that you are familiar with its contents and will uphold its Articles and pledges. You acknowledge that Membership may be terminated without refund should TBA and/or the TBA Executive Committee determine in its sole discretion that you have violated any aspect of the Code. TBA will seek to address any such matters directly with You in order to have full information before a termination hearing occurs.
3. **Licenses.** You shall be required to obtain and keep in force any & all licenses for operation of your business.
4. **Logo.** You are permitted to utilize the TBA logo on your web site, in all forms of your advertising, letterhead, business cards, and signage. Camera- and Internet-ready logo artwork is available free of charge to you; the logo must not be altered in any fashion. The use of the TBA logo must be discontinued immediately upon lapse in, non-renewal or termination of Membership.
5. **Liability and Insurance.** TBA is not responsible or liable in any way for any injury to person or property, loss or damage of any kind, sustained by You, your employees or any other person by reason of fire, theft, water, accident or negligence of TBA or any of its servants, agents or employees or any other cause whatsoever, except in cases of gross or sole negligence or willful misconduct. It is further understood that You will indemnify and hold harmless TBA from damages, loss, cost or expense, including costs of defense and reasonable attorney fees of any and all kind arising out of sole or contributing negligence of You, your employees, servants or agents or TBA or otherwise.
6. **Miscellaneous.** (A) All matters & questions not covered herein are subject to decision of TBA. Should either party resort to litigation or any form of alternative dispute resolution relating to this organization or the terms of this contract, parties agree that jurisdiction, venue and choice of law shall be in State of North Carolina, City of Greensboro. (B) Any Member needing assistance relating to a disability must contact TBA no later than 30 days prior to a TBA hosted event. (C) TBA reserves the right to use photos and/or video taken of you, your employees, and agents for publicity purposes.

Triad Bridal Association CODE OF ETHICS

Triad Bridal Association and its members acknowledge the need to preserve and encourage fair and professional business practices. As a condition of membership, all members pledge to adhere to the following Code of Professional Ethics:

I pledge myself to honesty and integrity, to pursue my profession and education so my service to clients reflects the highest standards.

I pledge myself to comply with our standards. I pledge myself to seek and maintain association with fellow members and others who may become a part of my business and professional life in an honorable and cooperative manner.

I know that my clients rely on my knowledge, experience and recommendations. I pledge not to betray the trust my clients place in me.

Article One: I will accurately represent my qualifications and expertise in all communications.

Article Two: I will act and speak professionally so as to not offend or bring discredit to the weddings services profession.

Article Three: I will be committed to understanding my customer's needs.

Article Four: I will communicate clearly with clients in layman's language as to my prices and services. I will gladly answer questions about these things so my client is comfortable with what has been ordered.

Article Five: I will maintain the trust of clients and respect the affairs of clients and TBA members who may share information in confidence.

Article Six: I will treat other wedding professionals with courtesy and dignity.

Article Seven: I will provide services in those areas in which I am qualified to serve. When unable or unqualified to fulfill requests for services, I will make every effort to recommend the services of a qualified TBA member.

Article Eight: I will protect the public against fraud or unfair practices and shall attempt to disengage all practices which bring discredit to the profession.

Article Nine: I will not be party to agreements which unfairly limit or restrain access to the marketplace by any other wedding professional, client or to the public, based on race, creed, color, sex, age, physical disability or country of origin.



Statement of Credit Card Authorization

I authorize Triad Bridal Association to process my credit card as follows:
The entire amount owed will be charged now.

Members/applicant Name _____

Please circle one: MasterCard Visa Discover

Credit card number: _____

Expiration date (MM/YY): _____

Bills for this credit card are sent to the following address:

Name on Card: _____

Billing address: _____

City: _____ State: _____ Zip Code: _____

Authorized Signature: _____

Today's Date: _____