



TWESA Membership Renewal Form

(Updated Aug 2013)

Please Re-Confirm Your TWESA "Good Standing" Membership Requirements

Wedding/Events Industry: My business continues to support or promote the wedding/event planning industry in Middle Tennessee.

Experience: My business has been in continuous operation for last twelve (12) months.

Professionally Licensed: I have current business licenses as required by the state and county of residence

Liability Insurance: I have the appropriate business liability insurance for my business

Client Reference: I have a "Letter of Recommendation" from a client I have served within the last 12 months.

Membership Participation: I agree to attend at least two membership meetings or other TWESA sponsored events per year.

Membership Application Fees & Dues: I have completed the application in full and all fees are included.

I hereby certify that the statements and information in this application form are true and correct to the best of my knowledge and belief, and I authorize TWESA to investigate all statements or other information contained in this application form and any attachments submitted with it. I understand and agree that any misrepresentation, falsification or material omission of information on this application may result in the rejection of my application or termination in my membership as well as the loss of application or processing fees.

Signature

X

Date: _____

Name: _____

Business: _____

Renewal Invoice Number: _____

Renewal Date: _____

Do you know anyone that would benefit from a becoming a TWESA member? Refer a member and when they join TWESA, you get a free month off your membership!

***Prospective member must meet all membership requirements and join as either a individual or corporate member. Free month is applied at the end of your paid membership, delaying renewal by one month. Not transferable to other members. No cash value.*

I would like to refer a prospective member for TWESA

Name: _____ Business: _____

Contact Phone: _____ Contact Email: _____

I need to update my contact info

Primary Member Name: _____

Business Name: _____

Business Mailing Address:

Business Contact Email: _____

Contact Phone: _____

I would like to add an Associate (\$75 annually)

1st Associate Name: _____

Contact email: _____

Please order a TWESA name tag for this specific Associate (included) **OR**

Please order an extra generic TWESA name tag with our Company name (included)

2nd Associate Name: _____

Contact email: _____

Please order a TWESA name tag for this specific Associate (\$10 fee) **OR**

Please order an extra generic TWESA name tag with our Company name (\$10 fee)

Please submit this completed form with you membership renewal invoice and payment to memberservices@twesa.com, in person at a TWESA meeting, or by mail. TWESA

P.O. Box 120615
Nashville, TN 37212

FOR OFFICE USE ONLY

Date received: _____

By Whom: _____

Complete Renewal Form

Payment received in full; Check Number: _____ CC Processed (initial): _____

Final Approval: Prospective/renewing membership has been recommended by the appointed

Membership Committee and approved by the currently elected TWESA Board of Directors.

Updated Contact Info

Added Associate

Name tag(s) ordered

Referral passed to Membership Chair