



**Association of Bridal and Formal Attire Retailers**

**www.abfar.org**

**Associate Membership Application**

**Cost: \$150**

Owner(s) \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Billing Address \_\_\_\_\_

Office Telephone \_\_\_\_\_ Office Fax \_\_\_\_\_

Office Email \_\_\_\_\_ Website \_\_\_\_\_

Years in business \_\_\_\_\_ Store Size \_\_\_\_\_ Number of Employees \_\_\_\_\_

Product Category/Categories: \_\_\_\_\_ Bridal Gowns, \_\_\_\_\_ Bridesmaids, \_\_\_\_\_ Mothers, \_\_\_\_\_ Headpieces,  
\_\_\_\_\_ Flower Girls, \_\_\_\_\_ Accessories, \_\_\_\_\_, Menswear/Tuxedos, \_\_\_\_\_ Prom, \_\_\_\_\_ Other (please specify:  
\_\_\_\_\_)

Provide three business referrals (Manufacturer, Sales Rep., or Client's name and phone):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send pictures of your store (inside and store-front) if this is a regular membership application along with your payment made payable to "Association of Bridal and Formal Attire Retailers." You may pay via check, money order, or credit card. This is tax deductible. Mail to: ABFAR, P.O. Box 974, Salem, OR 97308.

Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**I affirm that I will comply with the Code of Ethics and Bylaws of ABFAR. Any misrepresentations will result in a loss of membership. Any dues paid will not be refunded.**