



PO Box 1123
Fargo, ND 58107-1123
www.BridalFantasyShow.com

New Membership Application

Business Name _____

Street Address _____

City, State, Zip _____

Mailing Address (if different from above) _____

Telephone _____

E-mail _____

Website _____

Owner's Name _____ **Telephone** _____

Manager's Name _____ **Telephone** _____

Business Representative or Contact Person _____

Telephone _____ **Fax** _____

License # (if applicable) _____ **Federal Tax ID #** _____

Business Insurance? Yes No (Proof of insurance may be required.)

What products or services does your company provide? _____

How long have you been in business? _____