



APPLICATION FOR WEB HOSTING SERVICES

Name _____

Company Name _____

Address _____

City/State or Province and ZIP _____

Email address _____

Website _____

Please check the items that apply to your organization:

_____ The above-named organization is incorporated as a nonprofit organization

_____ The above-named organization is a spiritual or religious organization

_____ The above-named organization is incorporated as an association

_____ The above-named organization serves the natural therapies professions

_____ We believe we qualify for your web hosting program

_____ We plan to have you host our own web site

We currently have approximately _____ members or contributors

Comments: