



APPLICATION FOR URL CERTIFICATION AND REGISTRATION

PLEASE PRINT LEGIBLY

APPLICANT INFORMATION

PLEASE PRINT LEGIBLY

Name of Member:

Date:

Current address:

City:

State/Province:

Postal Code:

Gender: M F

Email:

Web Address:

Daytime Phone:

Evening Phone:

Fax:

Cell Phone:

I wish to CERTIFY and REGISTER the following domains through BMCRS (list main folders):

Payment of \$150.00 USD or CAD is enclosed

Payment made by credit card over the Internet

Email this application as an attachment to: 150@bmcrs.biz

Fax this application to 800-838-1931