



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: <input type="checkbox"/> M <input type="checkbox"/> 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):

I am a member of the following association:

Email this application as an attachment to: free@bmcres.biz

Fax this application to 800-838-1931