

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Phone:

Current address:

City:

State:

ZIP Code:

Lodging Rental _____

Attraction _____

Other Service _____

BUSINESS INFORMATION

Type of Business:

Address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Website address:

Are you looking for a new site?

Name of Business

FOR LODGING OWNERS ONLY

How many accommodations do you own?

Do you have a reservation system? If so, who provides the service?

Do you own more than one website?

Website Domain Names:

Description of Property:

ALL MEMBERSHIP APPLICANTS:

Are you listed with any other companies?

If so, which companies?

WHERE DID YOU HEAR OF OUR SERVICES?

HAVE YOU WORKED WITH US BEFORE? IF SO, WHY DID YOU LEAVE?

SIGNATURES

I authorize the verification of the information provided on this form. I understand that membership is both limited in numbers and restricted to applicable candidates. There are no refunds. Customers who have copyright infringements with 21 Crows and/or its subsidiaries in the present or past are automatically denied.

Signature of applicant:

Date: