



L.A.W.N Membership Application

Local Adsense Website Network
www.localadsense.com

This is a confidential application and does not guarantee acceptance into the L.A.W.N. Answering the following questions will assist us in determining your interest and eligibility for membership. If your application is not accepted, a complete refund will be issued.

1. Please print application
2. Fill out appropriate information and sign below
3. Make check payable to Mobile Technical Institute
4. Mail application and dues to: **Mobile Technical Institute**
c/o L.A.W.N
3103 Airport Blvd Suite 400
Mobile, AL 36606

Company Information

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Website URL: http://_____

Product or Services offered: _____

Membership Status Applying For (Check One) *Advertiser Only* (Yearly Dues \$395.00) *Advertiser & Publisher* (Yearly Dues \$199.00)

Contact Information

First Name: _____ Last Name: _____

Phone: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Webmaster (If applicable)

First Name: _____ Last Name: _____

Phone: _____ Cell: _____

Networking Information

1. How many networking organizations do you currently participate with each year?
 0 1-3 4-8 9-11 12+
2. Do you currently have revenue generating banner ads on your website(s)?
 Yes No

3. If approved by L.A.W.N, which zones are you interested in publishing on your site? (If Applicable)
 Top Full 468x60 Square 125x125 Both
4. Do you currently market your website? Yes No
 If yes, Where? Radio TV Yellow Pages Email/Direct Mail Websites Other _____
5. If approved, will you need L.A.W.N to design ad banners?
 Yes No If yes, how many? _____ (additional charges may apply)

References Information

Give the names of three business references who know your business.

1. First Last Name: _____
 Occupation: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Years Acquainted: _____
 Email: _____

2. First Last Name: _____
 Occupation: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Years Acquainted: _____
 Email: _____

3. First Last Name: _____
 Occupation: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Years Acquainted: _____
 Email: _____

I agree that the above information provided for this application is true to the best of my knowledge.

Print Name _____

Sign Name _____

Date: _____

Official Use Only:

Referred:	A / P:	Category:	Approved / Declined
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Committee Member Signature _____ Date: _____