



Business Membership Application

Please complete both sides of this application

COMPANY INFORMATION

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

URL: _____

CONTACT INFORMATION

Primary Contact (all billing information will be sent to this individual in addition to all other correspondence):

Name: _____ Title: _____

Address (if different then above): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Secondary Contact (will receive all correspondences other than billing):

Name: _____ Title: _____

Address (if different then above): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail Address: _____

COMPANY DESCRIPTION

Please provide a description of the products and services you provide. This description will be used LSN's Annual Buyers Guide and on the LSN website. (50 words maximum.)

CATEGORICAL LISING

Please indicate which category you would like to be listed under in the Annual Buyers Guide and on the LSN Website. **You may only select one.**

- | | | |
|--|---|---|
| <input type="checkbox"/> Accounting/Financial Services | <input type="checkbox"/> Food Service/Dietary Management | <input type="checkbox"/> Medical Equipment Companies |
| <input type="checkbox"/> Advertising/Marketing/PR | <input type="checkbox"/> Healthcare Consulting | <input type="checkbox"/> Not-for-Profit Organizations/
Professional Associations |
| <input type="checkbox"/> Alarm/Security Services | <input type="checkbox"/> Home Health Care Providers | <input type="checkbox"/> Pest Control |
| <input type="checkbox"/> Architectural Planning & Design | <input type="checkbox"/> HVAC | <input type="checkbox"/> Pharmacy Suppliers and Services |
| <input type="checkbox"/> Clothing/Textiles/Laundry & Linen
Management | <input type="checkbox"/> Incontinence Skin Care Products and
Services | <input type="checkbox"/> Professional/Medical Services |
| <input type="checkbox"/> Computer Hardware/Software | <input type="checkbox"/> Information Technology Consulting | <input type="checkbox"/> Publisher/Printer |
| <input type="checkbox"/> Construction Services & Remodeling | <input type="checkbox"/> Insurance Services | <input type="checkbox"/> Real Estate Brokerage |
| <input type="checkbox"/> Decor/Furniture | <input type="checkbox"/> Interior Design | <input type="checkbox"/> Resident Activity Providers |
| <input type="checkbox"/> Developer | <input type="checkbox"/> Janitorial/Maintenance | <input type="checkbox"/> Risk Management & LTC consultation |
| <input type="checkbox"/> Diagnostic Services | <input type="checkbox"/> Laboratory Services | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Landscape Architects/Land Planners | <input type="checkbox"/> Therapy Services |
| <input type="checkbox"/> Employee Benefit Services | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Environmental Services | <input type="checkbox"/> Marketing Feasibility Consultants/
Strategic Planning | <input type="checkbox"/> Trunaround Management &
Consulting |
| <input type="checkbox"/> Flooring | | |

REFERENCES

Please provide three references that can attest to the quality of your products/services (preferrably, at least one LSN member organization should be listed):

- Organization: _____ Contact: _____
Phone: _____ Email: _____
Type of Service Provided: _____
- Organization: _____ Contact: _____
Phone: _____ Email: _____
Type of Service Provided: _____
- Organization: _____ Contact: _____
Phone: _____ Email: _____
Type of Service Provided: _____

AGREEMENT

As an LSN Business Member, _____ agrees to the following:
(your company)

- We understand LSN Business Membership is contingent upon approval.
- We understand that this status is a privilege and renewable annually.
- We will not use the Business Membership status in any way that represents or implies endorsement by LSN.
- We agree to receive LSN's weekly newsletter, *WeeksNews*, via email.

Signature: _____ Date: _____

If you were referred to LSN by an individual and/or organization, please fill in the information below:

Individual's Name: _____

Organization: _____

Please enclose a check or credit card information for \$450 dues payment with completed application. Payment will be processed upon LSN Board approval.

Mail to: Life Services Network
911 N. Elm St., Ste. 228, Hinsdale, IL 60521

Check Enclosed
Please Bill My    

Credit Card Number _____

Expiration Date _____

Signature _____ Date _____