



Network of Resources Application Form

Joining is simple and beneficial. You will have the opportunity to share your product/services with others. Your website will be accessible from the GLOSS website on our Resources & Links page. All applications must be approved.

Business/Organization Name: _____

Contact Person: _____ Title: _____

Address: _____

City/State/Zip: _____

Phone: _____ Cell Phone: _____ Fax: _____

E-mail Address: _____ @ _____

Website: _____

Describe your business/organization:

Summarize special skills and qualifications you have that may help you help GLOSS:

Agreement and Signature

I affirm that the information above is accurate. I commit to the following payment schedule:

___ Quarterly: \$30.00 ___ Annually: \$120.00

I understand that promotion of my business/organization on the GLOSS website can be interrupted at any point by GLOSS if there is a conflict of interest or misrepresentation.

Signature: _____ Title: _____ Date: _____