

**DESIGNER MEMBERSHIP PROGRAM - APPLICATION FORM**

# Homelosophy

Date:

First name:	Last name:	
Business name:	Tittle:	
<b>Billing Information</b>		
Street Address:		
City:	State:	
Zip code:	Country:	
Phone:	Fax:	
Primary e-mail:	Website:	
Secondary e-mail:		
Resale # / Tax ID:		
Primary Type of Business:		
<input type="checkbox"/> Interior Designer Showroom	<input type="checkbox"/> Interior Designer (Residential)	<input type="checkbox"/> Interior Designer (Commercial)
	<input type="checkbox"/> Private Residence	<input type="checkbox"/> Spa / Resort
	<input type="checkbox"/> Common spaces in residential buildings	<input type="checkbox"/> Hotel
		<input type="checkbox"/> Restaurant
		<input type="checkbox"/> Corporate space
What trade shows / markets do you attend?		
How did you hear about Homelosophy?		
<input type="checkbox"/> Add me the Homelosophy Mailing List		

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name