



# CATHOLIC BUSINESS DIRECTORY [www.CWBN.us](http://www.CWBN.us)

## Directory Subscriber Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Parish Name and Address \_\_\_\_\_

**Please Note:** your home address will NOT be listed in the public Directory unless you list it as your business address. A physical address is necessary to participate in the Online Directory. I agree to the CWBN Directory Terms & Conditions (signature) \_\_\_\_\_

### Business Information

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Category, please circle all that apply.

- |         |               |           |                  |        |             |            |
|---------|---------------|-----------|------------------|--------|-------------|------------|
| Medical | Legal         | Financial | Insurance        | Travel | Media       | Author     |
| Speaker | Books & Gifts | Dental    | Construction     | Beauty | Auto        | Non-Profit |
| Music   | Education     | Retail    | Home Improvement |        | Hospitality | Therapy    |

Other: \_\_\_\_\_

### Subscription Information

Please choose:

\_\_\_\_\_ Annual Subscriber, \$100 payable annually OR \_\_\_\_\_ Monthly Subscriber \$15 payable monthly.

*Listing includes, physical address, your name, photo, phone, website, email address and parish. This will become public information.*

\_\_\_\_\_ Inclusion of product/business description on your Directory listing, up to 75 words. Cost is \$50 per year.

Please email a digital passport type photo of yourself or LOGO to include in your listing. Send to: [suzanne@cwbn.us](mailto:suzanne@cwbn.us)

Enclose a check made out to CWBN and mail with completed form to:

CWBN, PO Box 65916, Tacoma, WA 98466