



Preliminary Application

Section 1: Applicant Information

Name of Applicant: _____ Date: _____
Last Name First Name Title (mm-dd-yyyy)

Personal Identification Number

Please fill in applicable information.

End-User or Recipient Organization: _____
Legal Name Contact Person Position

Address

City and State Zip Code Country

Work Phone Cell Phone E-mail

For Profit Charitable* Governmental Religious

*Legal Date of Formation of Organization Legal State of your Organization (*You will need to provide a copy of your tax exempt approval letter.)*

Employer Identification Number Duty Free Import Number (if a charitable organization)

Tax ID

Sponsoring Organization: (if applicable) _____
Legal Name Contact Person Position

Address

City and State Zip Code Country

Work Phone Cell Phone E-mail

Is this the same organization that will use the donated equipment and supplies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you like your container with medical equipment and supplies within 60 days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you understand that NO medical equipment or supplies may be sold or traded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 2: References

Please provide three references.

Name:	Relationship:
Organization:	Work Phone: ()
Address:	Cell Phone: ()

Name:	Relationship:
Organization:	Work Phone: ()
Address:	Cell Phone: ()

Name:	Relationship:
Organization:	Work Phone: ()
Address:	Cell Phone: ()

Disclaimer and Signature

I attest that my answers are correct and complete. I understand that by providing false information I will be disqualified for membership from this organization and program. Sign and fax this application to: 001-608-242-8390 or digitally sign, save and submit through email to: info@cornerstoneCAN.org

Name:	Position:
Signature: _____	Date: _____