



General St. Louis CIN E Mail Account Registration Form for Neighborhoods

Four email accounts are available to each neighborhood. The individual or organization responsible for this account is expected to provide updated content on a regular basis to the Neighborhood Webmaster and/or Email Monitor in order to assist in maintaining the neighborhood web site. These email accounts may not be used for commercial purposes.

The organization's or individual's name will appear in the St. Louis Community Information Network directory of users, which is accessible by CIN members. Please PRINT each item as you wish it to appear.

Please **PRINT** legibly

Neighborhood Email Account Information

Neighborhood Name: _____

Name of person monitoring account

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City _____ State _____ Zipcode: _____

Phone Number: (_____) _____ - _____

Neighborhood Organization (if affiliated): _____

Title: _____

Address: _____

City _____ State _____ Zipcode: _____

Phone Number: (_____) _____ - _____

I have read the terms and conditions of the AGREEMENT BETWEEN ST. LOUIS CIN AND REGISTERED USER, and I agree to comply with and abide by all provisions of the agreement between St. Louis CIN and registered user.

Signature: _____ Date: _____

Print User's Name: _____

Mail this completed form with a #10 S.A.S.E. (self-addressed, stamped envelope) to: Sonya Pelli, SLDC, St. Louis CIN Project Administrator, 1015 Locust, Suite 1200, St. Louis, MO 63101.

You will be contacted by ST. LOUIS CIN staff within two week with information concerning your user ID and password. If you have not been contacted within two weeks, please call the ST. LOUIS CIN **Help Desk**, (314) 622-3400 ext. 815 and leave a message or e-mail userhelp@stlouis.missouri.org

For Office Use Only

IDENTIFY USER GROUP:

- City of St. Louis Government
- CDA/SLDC
- Neighborhood
- Non-profit agency in the Enterprise Community
- Mental Health/Substance Abuse Service Provider
- SafeFutures Partner
- Other Non-profit Agency
- Other (please specify) _____

Date Received: ____/____/____

Approved: YES NO

Date Account Created: ____/____/____

Password Sent: ____/____/____

Account Name: _____

Entered by: _____