



## St. Louis CIN Email Account Registration Form for Neighborhoods

One email account is available to each neighborhood. This account is for the general use of the neighborhood. The individual and/or organization responsible for this account will act as the neighborhood contact and will check the email account regularly, answer messages, and/or pass them along to the appropriate party in the neighborhood.

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

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### 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: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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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](mailto:userhelp@stlouis.missouri.org)

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**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: \_\_\_\_\_