

## Monticello Avenue Member Organization Application

Name of Organization:

Federal Tax Exempt ID ( required):

Address of Organization:

City/State:

Zip Code:

Phone:

Fax#:

Account Manager (person who will maintain the website):

Account Manager's Address:

City/State:

Zip Code:

Phone:

Fax#:

E-mail:

Contact Person (officer/leader of the group – serves as additional contact):

Contact Person's Address

City/State:

Zip Code:

Phone:

Fax#:

E-mail:

As an official representative of:

I understand and will abide by the policies established by the Jefferson-Madison Regional Library Board of Trustees and agree to notify Monticello Avenue of any changes affecting this account.

Signed:

Date:

Office Use Only:

\_\_\_\_ Database

\_\_\_\_ Directory

\_\_\_\_ ID

\_\_\_\_ Mailing List

\_\_\_\_ Password

\_\_\_\_ Notify

Please Submit to: Stella B. Pool  
Monticello Avenue Coordinator  
Jefferson-Madison Regional Library  
201 E. Market St.  
Charlottesville, VA 22902-5209  
434-979-7151 ext 6662  
Fax: 434-979-9728  
webmaster@avenue.org

SP/2014