

Monticello Avenue Member Organization Renewal Form

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|--|-----------|
| Name of Organization: | |
| Monticello Avenue User ID: | |
| 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: | |

Continue on back of page: SIGNATURE AND DATE REQUIRED

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 or typed name:

Date:

Please Submit to:

Stella B. Pool
Monticello Avenue Coordinator
Jefferson-Madison Regional Library
201 E. Market St.
Charlottesville, VA 22902-5209

Contact Us:

434-979-7151 ext 6662
Fax: 434-979-9728
webmaster@avenue.org

Office Use Only

Renewed _____

Link to Monticello Avenue on Home Page _____

Links Back to Home Page on Site Pages _____

Contact Information on Website _____

Last Update Noted on Home Page _____

Next Renewal Date in Database _____

Email Sent

Needs

Changes
Made to
Database