



GRANTS OFFICE

empowering communities

New User Registration Form

Please Fax to 585-473-1436

		FOR OFFICE USE ONLY	
DATE	ASSOCIATE NUMBER	<input type="checkbox"/> DIRECT	<input type="checkbox"/> ASSOCIATE
BILLING CONTACT		ORGANIZATION	
ADDRESS 1		CITY,STATE	ZIP
ADDRESS 2		CITY,STATE	ZIP
SETUP/USER MAINTANANCE CONTACT (IF DIFFERENT)		ORGANIZATION	
ADDRESS 1		CITY,STATE	ZIP
ADDRESS 2		CITY,STATE	ZIP
<input type="checkbox"/> ACTIVATE DATE (IF DIFFERENT FROM ABOVE)			

USER EMAIL ADDRESS*	USER NAME (FIRST LAST)
*USERID WILL MATCH E-MAIL ALIAS IF POSSIBLE UNLESS OTHERWISE REQUESTED	TOTAL NUMBER OF USERS:
	TOTAL COST