

All information must be completed before submitting this application to TNVolunteerism.org.

NAME OF NON-PROFIT AGENCY

REGISTERING GOVERNMENT DEPARTMENT

REGISTRATION NUMBER

US Dept. of Revenue TN Dept. of Revenue Both

CEO/PRESIDENT/DIRECTOR OF AGENCY (First, Middle Initial, Last)

STREET ADDRESS

CITY, ZIP CODE

TELEPHONE

FAX

CURRENT E-MAIL

DOMAIN CHOICE #1

DOMAIN CHOICE #2

DOMAIN CHOICE #3

(Please include .ORG / .INFO or .ORG will be chosen)

BASIC INTERNET SERVICE SELECTION (Check all that apply)

Website Email Accounts FTP Access

SPECIALIZED INTERNET SERVICE SELECTION

Autoresponder Bulletin Board Calendar
 Conference Rooms Discussion Group Mailing List

Account Names should be less than 25 characters. Passwords must be between 6 and 8 characters and may include any combination containing both lower case letters and numbers.

ACCOUNT NAME #1

ACCOUNT NAME #2

ACCOUNT NAME #3

PASSWORD #1

PASSWORD #2

PASSWORD #3

Please return by faxing to (931) 368.1477