

Contact Us

helpdesk@rollanet.org
Phone: 573-364-0852
www.rollanet.org



Mailing Address

RollaNet
P.O. Box 2021
Rolla, MO 65402

Account Name _____
(Individual, Minor, Business)

Responsible Party _____
(Parent, Guardian, Organization Representative)

Address _____ Home Phone _____
_____ Bus. Phone _____

Choose a Userid (Username):

This is your login name and your email name, not your password. RollaNet will assign your initial password; you can change it later. The userid (username) cannot be changed once the account is opened. Indicate your top three choices, with no special characters.

EXAMPLE: 1) jdoe 2) johnd 3) jdoe55

1) _____ 2) _____ 3) _____

The following information is used to verify your identity if you request account information on the phone:

Birth date of responsible party (yy/mm/dd) _____

Mother's maiden name or driver's license # _____

Which operating system do you use? Windows 95 Windows XP Windows Vista Mac

Which web browser do you use? Internet Explorer Netscape Other _____

Which email program do you use? Outlook/Outlook Express Netscape Eudora Other _____

Check the type of membership you are applying for: (See descriptions on *About RollaNet* sheet.)

- Residential - \$15/month or \$180/yr. minimum contribution - Preferred service
- Organization - \$25/month or \$300/yr. minimum contribution - Preferred service
- Public - No contribution - Minimum service. Please check reason for free account request:
 - Financial Need
 - Secondary email-only acct: provide primary userid _____
 - Non-Profit org
 - Other _____

For Residential or Organization accounts, please choose a contribution payment option:

- Automatic debit from checking account monthly. Fill out the Direct Payment form and attach a voided check.
- Check annually. Enclose a check for the full amount indicated in the chart below for the month you join. Thereafter, contributions are due each November for the period Dec 1 – Nov 30. **Note: Your payment is a contribution, and cannot be refunded. Please use the *Automatic Debit* option if this is a problem for you.**

Mail the completed application to **RollaNet, P.O. Box 2021, Rolla, MO 65402**

Please include a self-addressed, stamped envelope so the new account information can be mailed to you.

Allow at least one week for completion by mail.

For RollaNet use only: Initial password _____ Date processed: _____ Emp. Initials _____
Payment received: Debit form attached Check received \$ _____ Cash Received: _____

Read and sign the user agreement on the reverse side of this form. Your application cannot be processed without it.

ROLLANET USER AGREEMENT

The undersigned, in consideration of the use of the RollaNet system, agrees as follows:

1. The use of RollaNet and the RollaNet system is a privilege that may be revoked by RollaNet at any time. RollaNet makes no warranty or representations about the system and specifically, does not warrant that RollaNet will meet any specific requirements of the user, or, that it will be error free, uninterrupted or always accessible.
2. RollaNet provides local computer access to on line information via Windows and Macintosh operating systems. RollaNet does not provide software or technical support.
3. The undersigned user will not:
 - (a) place any unlawful information on the system;
 - (b) use the system for any illegal purpose;
 - (c) use abusive, offensive or otherwise objectionable language in any application, including public and private messages; or
 - (d) share user's account number or allow the use of user's RollaNet access by any other person.
4. RollaNet has the right to review any material stored in files or in programs on the system, and may remove any material which the RollaNet Board of Directors, in its sole discretion, determines as inappropriate or otherwise violates this agreement.
5. RollaNet, its Board of Directors, members, employees, volunteers, or other agents, shall not be liable to user or any other person for any direct, indirect, incidental, or consequential damage (including loss of data, information, personal injury, property damage, profits or inability to access the system) sustained or claimed to be sustained in connection with the use, operation, or inability to use or operate RollaNet. User shall indemnify and hold RollaNet, its officers, directors, members, agents and employees, harmless from any such claims, including reasonable attorneys' fees with regard to any such claim which may arise as a result by user, in connection with the use or operation of the system or use or operation of user's account number.
6. User will comply with and abide by all rules and regulations of RollaNet as may be promulgated from time to time by the RollaNet Board of Directors. Accounts with no activity for six (6) months may be deactivated or deleted by RollaNet without notice.
7. The undersigned agrees to indemnify RollaNet, its officers, directors, members, agents and employees from any loss suffered by them by reason of user's improper use of RollaNet, together with reasonable attorneys fees. The information and information access provided by RollaNet are offered as a community service. They are not a substitute for professional consultation. Adequate professional guidance for making important personal and business decisions cannot be provided through an electronic format. Advice on individual problems must be obtained personally from a professional. By user's signature on this form, user acknowledges the following:
 - (a) user understands this agreement;
 - (b) user's use of RollaNet does not establish or attempt to establish a doctor/patient, lawyer/client, or any similar relationship with any information provider;
 - (c) information providers and RollaNet rely on users' promises made in this user agreement as an inducement to provide information on RollaNet.
8. If user is under the age of 18, the undersigned parent(s)/guardian(s) consent to the terms of this agreement in their own capacity and on behalf of the undersigned minor.

Dated this _____ day of _____, 201_____.

SIGNATURE OF USER

SIGNATURE OF PARENT/GUARDIAN (Required if user is under age 18)

Printed name: _____

Printed name: _____

Age: _____

Parent: or Guardian

	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>
<u>Residential</u>	\$150	\$135	\$120	\$105	\$ 90	\$ 75	\$ 60	\$ 45	\$ 30	\$ 15	\$180	\$165
<u>Organization</u>	\$250	\$225	\$200	\$175	\$150	\$125	\$100	\$ 75	\$ 50	\$ 25	\$300	\$275