



Montgomery County 's Interagency Human Services Resource Database

member PARTICIPATION FORM

Fax to: Systems Administrator. Collaboration Council. 301.610.0148

Organization Name:

Organizational Status Education Government Non-Profit Individual Private Faith-based

Address:

City:

State:

Zip:

Phone:

Organization's Description/Mission:

Main Contact Person:

Person Using Login (if different from above):

Login Email:

How did you hear about *info*MONTGOMERY?

After receiving this participation form, a password will be emailed to you along with a set of instructions to begin entering information into the database, as well as an invitation to a training session.

Your signature below acknowledges the following:

I would like to be a member of the human services resource database.

I agree not to share my login ID and password with anyone outside of my organization.

I understand that information in the database will be made available on a publicly accessible website.

I understand that service details will not be made public until information is complete and reviewed by a resource specialist.

I understand that if my organization's information is not periodically kept up-to-date, it will be taken offline until information is confirmed.

I agree to follow database guidelines for data entry and understand that information may be edited to conform to database consistency standards.

I understand that I can ask to have my organization removed from the database at anytime by sending a written request to the systems administrator.

Signature

Date