



FINANCIAL NEED FORM

Request for RollaNet Free Dialup Account ¹

(Please Print)

Date: _____

Userid: _____

Name: _____

I am requesting a free dialup account for the above Userid. I understand that the free dialup accounts are reserved for those with financial need, and at this time I do have such financial need. In November of each year, I will provide an updated statement of financial need.

I also understand that if my financial position should improve, I am expected to upgrade my account to a contributing membership, providing support for others who may need this service.

Signature: _____

Mail To: RollaNet ♦ PO Box 2021 ♦ Rolla, MO 65402-2021

¹ *The number of financial need accounts may be limited, if necessary, by the availability of contributed funds needed to support them.*