

# SouthwestNet Membership Application

## Coloma Community Schools

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_

Phone: Home ( \_\_\_ ) \_\_\_\_\_ Work ( \_\_\_ ) \_\_\_\_\_

Coloma School Building: \_\_\_\_\_

Position: \_\_\_\_\_

Example: Teacher, Administrator, Paraprofessional, Custodian

Mother's maiden name (for security reasons): \_\_\_\_\_

**I have read and agree to adhere to the Acceptable Use Policy of SouthwestNet.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please fax the completed form to Peggy Reitz at the Berrien County ISD. The fax number is 269-471-1221.