

ENROLLMENT FORM

Date: _____ Completed By: _____ Title: _____

Organization Name: _____

Organization Address: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Telephone #: _____ - _____ Website: _____

Type of Organization: (School, Church, Chamber, Scouting, Youth Sports, Humane Society, Library)
_____ Non-Profit Status? Yes No

Is this your first time participating in a cartridge recycling program? Yes, No
If No, what other programs have you participated in? _____

Who Will Be In Charge of Your InkBank Program (Your InkBank Coordinator)?
Name: _____ Title: _____
Mailing Address: _____
City: _____ State/Prov: _____ Zip/Postal Code: _____
Telephone #: _____ - _____ Website: _____

How Did You Find Out About InkBank? Internet, PTO, InkBank Rep: _____

Where would you like official InkBank Correspondence (Newsletters, Checks, Updates) sent to?
 Organization Address Above or InkBank Coordinators Address Above

If you would like other administrators, committee members or VIP's within your organization to receive electronic (email) updates and newsletters, please provide their email addresses below.

Name	E-Mail Address
_____	_____
_____	_____
_____	_____
_____	_____

To order free fundraising supplies please complete the fundraising supply order form which can be down loaded from our website at www.inkbank.com. or call toll free 888-4-INKBANK (888-446-5226)