

DIAL-UP INTERNET ACCOUNT FORM



DATE: ____ / ____ / ____

NAME: _____ SSN/DL#: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

MY SYSTEM: __ Laptop __ Desktop
 __ Win XP/2000 __ Win ME/98/95 __ IMAC/G3/G4 __ MAC/Below OS X __ MAC OS X

Desired CSUF Email Address (5—15 characters) _____@csufresno.edu
OR
Desired CVIP Email Address (5—15 characters) _____@cvip.net
Desired Password (6—15 characters) _____

ACCOUNT AFFILIATION (please select your account type)

<input type="checkbox"/> CSUF Faculty/Staff/Student	\$11.50 per month	<input type="checkbox"/> Government	\$16.50 per month
<input type="checkbox"/> CSUF Dorm Student	\$ 6.50 per month	<input type="checkbox"/> City of Clovis ⁽²⁾	\$13.50 per month
<input type="checkbox"/> SCCC Faculty/Staff/Student	\$11.50 per month	<input type="checkbox"/> Kerman Payroll Deduction ⁽³²¹⁶⁷⁾	\$13.50 per month
<input type="checkbox"/> SCCC Payroll Deduction ⁽¹¹⁾	\$11.50 per month	<input type="checkbox"/> Fowler Payroll Deduction ⁽³²⁰¹⁰⁾	\$13.50 per month
<input type="checkbox"/> CUSD Payroll Deduction ⁽³⁾	\$13.50 per month	<input type="checkbox"/> Gldn Plains Payroll Ded ⁽²⁷²³⁶⁾	\$13.50 per month
<input type="checkbox"/> FUSD Payroll Deduction ⁽¹⁾	\$13.50 per month	<input type="checkbox"/> Las Deltas/Firebaugh ⁽²⁷²³²⁾	\$13.50 per month
<input type="checkbox"/> CSUF Alumni Assoc. Member	\$13.50 per month	<input type="checkbox"/> Selma Payroll Deduction ⁽³²⁰¹²⁾	\$13.50 per month
<input type="checkbox"/> CSUF Alumni	\$16.50 per month	<input type="checkbox"/> Washington Payroll Ded ⁽³¹⁵⁸⁰⁾	\$13.50 per month
<input type="checkbox"/> Bulldog Foundation	\$16.50 per month	<input type="checkbox"/> Central Unified Payroll Ded ⁽²⁹⁹⁵²⁾	\$13.50 per month
<input type="checkbox"/> Educator	\$16.50 per month		

METHOD OF PAYMENT

Credit Card Number _____ Expiration Date ____ / ____

Electronic Debit* Bank number _____ Account No _____

* please attach voided check --- there will be a \$3 charge for each rejected debit transaction

Check (6-month block) Check# _____ Amount: \$ _____

Payroll Deduction

10 paychecks/year(\$16.20/mo) 12 paychecks/year(\$13.50/mo) **SCCCD** 12 paychecks/year(\$11.50/mo)

Signature _____

HOW DID YOU HEAR ABOUT CVIP?

Advertisement (publication?) _____ Flyer (location?) _____

Event (location?) _____ Referral (name?) _____

Other (please state) _____

Office Use Only
Date processed _____

Initial _____