

## AHRMM Membership Mail List Order Form (Affiliated Chapter Use Only)

Please complete and return this form with your check or payment information to **AHRMM, Attn: Mail Lists, 155 North Wacker, Chicago, IL 60606** or fax it to **(312) 422-3609**. After receiving the completed agreement and payment, mail lists will be sent in digital format directly to your mail house for fulfillment services. Lists contain names, titles, organizations, and mailing addresses. Lists do not include email or phone. *All Membership Lists are rented for one time mailing by purchasing company only. Membership Lists are not to be resold and should be treated as confidential. Any third party offer of the Membership List is unauthorized.* Rental fulfillment can take up to five (5) business days.

<b>Rental Fees</b>		
<b>Lists by Geographical Region:</b> \$75 per region for Affiliated Chapters Only		
<input type="checkbox"/> <b>Region 1</b> Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, All Foreign Countries  <input type="checkbox"/> <b>Region 2</b> New Jersey, New York, Pennsylvania  <input type="checkbox"/> <b>Region 3</b> Delaware, District of Columbia, Kentucky, Maryland, North Carolina, Virginia, West Virginia,  <input type="checkbox"/> <b>Region 4</b> Alabama, Florida, Georgia, Mississippi, South Carolina, Tennessee  <input type="checkbox"/> <b>Region 5</b> Illinois, Indiana, Michigan, Ohio, Wisconsin	<input type="checkbox"/> <b>Region 6</b> Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota  <input type="checkbox"/> <b>Region 7</b> Arkansas, Louisiana, Oklahoma, Texas  <input type="checkbox"/> <b>Region 8</b> Arizona, Colorado, Idaho, Montana, New Mexico, Utah, Wyoming  <input type="checkbox"/> <b>Region 9</b> Alaska, California, Hawaii, Nevada, Oregon, Washington	
<b>Shipping Information</b> <i>Mail house email address:</i>		
<b>Payment Information</b>		
<input type="checkbox"/> Check or Money Order Payable to: AHRMM: 31401-3750 <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX                      Card Number:    Exp. Date:		
Name (as it appears on credit card)	Cardholder's Signature	
<b>Chapter Name</b>		
Contact Name		
Mailing Address		
City	State	Zip
Phone	Fax	
Email		

*\*Mailing label pricing is guaranteed through 12/31/2016.*