

ACNM MAILING LIST REQUEST FORM
(Please see Mailing List Policy for special ordering instructions and costs)

Select criteria: Entire ACNM Membership List US-only
 By state Please indicate state(s)

Sort order: Zip Last Name Other _____

Client status: Research/Survey

Output medium: Cheshire Labels Pressure-sensitive labels*
 Electronic file, on a 3.5" diskette* or Sent via e-mail to: _____

Client Deadline: _____ If less than one week from receipt, this will be a Rush Order*

*Additional charges apply

STATEMENT OF PURPOSE FOR MAILING LABELS (also attach sample mail piece)

Special Key Code for labels: (if applicable)_____ Payment enclosed Bill to address below

Name & Title _____

Organization _____

Street Address _____

City/State/Zip _____

Purch. Order No. _____ Contact Person _____

Telephone No. _____ Date _____

Special mailing instructions: _____

Ship to (if different): _____

Please ship labels via: Priority Mail
 Federal Express - Account to be charged _____
 FedEx delivery time: Next morning Next afternoon 2nd day

PLEASE SEND TO:
Membership Manager
8403 Colesville Rd ● Suite 1550
Silver Spring, MD 20910-6374