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Return this form to:

**ACNM Membership**

8403 Colesville Rd Suite 1230

Silver Spring, MD 20910-6374

Or email to: [membership@acnm.org](mailto:membership@acnm.org)

Fax: 240-485-1818

**ACNM Mailing List Agreement**

*Must be signed and returned with order*

1. Renter understands and agrees that the American College of Nurse-Midwives is making its membership mailing list available to renter on a **ONE TIME** use basis during the calendar year \_\_\_\_\_\_\_\_except for where noted and solely for renter's use as stated on the request form(s) submitted. Any other use for any purpose expressly prohibited unless ACNM grants permission for such use in writing and renter pays the appropriate fee for such use. **The cost of the mailing list is $0.43 per record. The non-profit rate is $0.33 per record. The minimum total charge is $100.**

1. Renter shall not cause or permit the mailing list, in whole or in part, to be copied, reproduced, photocopied, entered into a computer database, or otherwise duplicated in any format. Renter shall not distribute, redistribute, the mailing list, in whole or in part.
2. The mailing list is for direct mail purposes only. Telemarketing to the persons on this list is EXPRESSLY PROHIBITED unless approved in writing by ACNM.
3. Renter shall make no claims that the direct mail is in any way endorsed by ACNM without prior written approval from ACNM. The renter is subject to a content review process by our Midwifery practice team. The timeframe is 7-10 business days for a decision to be rendered.
4. Renter understands and agrees that ACNM's mailing list is the property of ACNM, is valuable proprietary information and that renter's breach of the provisions of this rental agreement would cause serious financial damage to ACNM which would be difficult to quantify. Accordingly, renter agrees to pay ACNM a sum equal to three times the invoiced rental fee as liquidated damages for each instance of a breach of this rental agreement.
5. In proceedings of the American College of Nurse-Midwives, the ACNM strives to maintain professional environments and professional interactions where people are treated with dignity, decency, and respect – an environment characterized by mutual trust and the absence of intimidation, oppression, and exploitation. ACNM will not tolerate discrimination or harassment of any kind. ACNM will not tolerate negative biases and racial stereotypes from any party including staff, volunteers, speakers, guests, members, contractors, military, government, and industry representatives. Breaches of these policies by third party vendors would be cause for disciplinary action and/or cancellation of said contract at the discretion of the CEO. The ACNM Anti-Discrimination & Harassment Policy, and the ACNM Position Statement on Racism and Racial Bias can be found on the ACNM website at <http://www.midwife.org/ACNM-Governance-Policies>.

Renter hereby agrees to and accepts the terms and conditions of the rental as stated herein.

Renter (Print Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACNM Mailing List Agreement**

**Select Criteria**

□Selected States [Please indicate which state affiliates] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Selected Membership Type: \_\_ **Active** \_\_**Active New** \_\_**Active Advancing** \_\_**Lifetime** \_\_**Associate** \_\_**Student**

□ Full ACNM Member Email List\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATEMENT OF PURPOSE FOR MAILING** (also attach sample email marketing content)

Name & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACNM Industry Partner (Discounts may apply, contact membership@acnm.org): [ ] Yes [ ] No

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purch. Order No. \_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment required prior to releasing the mailing list.**

*Receipts will be emailed to the contact person.*

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| **Amount Due $\_\_\_\_\_\_** |
| Payment made by 🗖 Check (Payable to ACNM) Check Number \_\_\_\_\_\_\_\_\_\_  Charge Amount Due to: 🗖VISA 🗖MasterCard 🗖AmEx 🗖 Discover Exp Date \_\_\_\_\_\_\_\_\_\_ CVV 2\_\_\_\_\_\_\_\_\_\_  Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name on Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |