



## MEMBERSHIP LABEL REQUEST FORM

**All label requests must include a draft copy of material to be mailed.** All unsigned or incomplete requests (including those without payment or a sample of the material to be mailed) will be returned.

### REQUESTOR'S CONTACT/SHIPPING INFORMATION:

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### NASPAG Member

Yes  No

### REGION (choose all that apply)

United States  Canada  International

### SORT ORDER (choose one)

Zip Code  Country/Zip  Last Name

### METHOD OF PAYMENT

My \$200 fee is enclosed (*Please make your check payable to NASPAG*)

Please charge the \$200 fee to my credit card:  Visa  MasterCard  American Express

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

### AGREEMENT

I understand that all labels rented from the North American Society for Pediatric and Adolescent Gynecology (NASPAG) are for one time use only and can be used only for the purposes described in the attached copy. I further understand that reproduction of any portion of the NASPAG mailing list is strictly prohibited and that mechanisms are in place to detect illicit use of the list. *Payment will only be applied if approved by the NASPAG Board of Directors.*

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

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