

## MEMBERSHIP MAILING LIST REQUEST FORM

\$ .35 per label PLUS \$75.00 Set-up Fee  
\$10 additional charge added for mailed labels.

Contact Name:

Organization:

Address:

City:

State:

Zip/Postal Code:

Country:

Phone: (            )

Fax: (            )

E-mail:

Mailing date:

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Label/List Format:

Selection Criteria:

Sorting Criteria:

Specific States:

Specific Zip Codes:

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**AGREEMENT:**

By signing below, I understand that the participant mailing labels or list provided by The American Academy of Allergy, Asthma & Immunology (AAAAI) is for **one-time use only**. Under no circumstances may the labels or list be duplicated. If the contents of the approved materials are altered, this agreement is no longer valid and the member list/labels may not be used without consent of the AAAAI.

Signature:

Date:

**Please return to: Ken Buesing, AAAAI Membership Coordinator**

Email: [kbuesing@aaaai.org](mailto:kbuesing@aaaai.org) or mail to address below.

Attach sample of Printed Material to be mailed. (Order will not be processed without it)

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**FOR OFFICE USE ONLY:**

Date:

Approved

Not Approved

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