

**MEMBERSHIP LIST REQUEST FORM**

\$.35 per label PLUS \$75.00 Set-up Fee. \$10 additional charge added for mailed labels.  
Attach sample of Printed Material to be mailed. (Order will not be processed without it)

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Mailing date: \_\_\_\_\_

**Label/List Format:**

**1) Selection Criteria:**

All Current Members

-or select one or more of the following member types:

Practicing Physicians (Members & Fellows)

Emeritus (over 70)

Allied Health (NP, RN, Office staff, etc.)

In-Training (MS, RES, FIT)

**2) Sorting Criteria:**

All Locations

Domestic/U.S. Only

International Only

Specific State(s): \_\_\_\_\_

Specific Zip(s): \_\_\_\_\_

Custom Criteria: \_\_\_\_\_

**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 If the contents of the approved materials are altered, this agreement is no longer valid and the member list/labels may not be used without consent of the AAAAI.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: Shelby Karls, AAAAI Membership Manager**

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

**FOR OFFICE USE ONLY:**

Approved

Not Approved

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