

OAFP MEMBERSHIP MAILING LIST REQUEST FORM

Please complete this form and attach a sample of your survey instrument and/or mailing pieces.

Note: The use of any OAFP mailing list is contingent upon approval as outlined in the OAFP Mailing List Policy.

Request Date: _____ Date Needed: _____

Name: _____

Organization: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____ E-mail _____

Purpose of the mailing: _____

Format: Labels CD E-mail

Type of labels: Active Members Residents Students Life
 Inactive Supporting 1 Supporting 2

Sequence: Alpha order Zip order

Geographic: Counties: _____

Regional Chapters: _____

Agreement: The names and addresses provided by the OAFP are the property of OAFP and are supplied for the specific mailing ordered and for no other purpose. After completion of such mailing, any unused labels, list or diskette/e-mail file from such will be destroyed or erased and will not be used for any other purpose. Solely provided for a one-time use only. Amount invoiced will be paid in full within 30 days of date invoiced.

Signature of Purchaser: _____ Date: _____

Return this form and accompanying materials to:

Ohio Academy of Family Physicians
Membership Services Manager Emily Pavoni
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Phone: 614-267-7867
Fax: 614-267-9191