

Please complete this form and attach a sample of your survey and/or mailing pieces. The use of any Ohio Academy of Family Physicians (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 \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Purpose of Mailing**

\_\_\_\_\_  
\_\_\_\_\_

**Format:**     Labels (Peel & Stick)     Email (Excel File)

**Membership Type:**     Active     Inactive     Resident     Life  
                                  Student     Supporting     Transitional

**Member Geography:**

Counties \_\_\_\_\_

Regional Chapter(s) \_\_\_\_\_

**Agreement**

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

Signature of Purchaser: \_\_\_\_\_ Date \_\_\_\_\_

Please return this completed form and accompanying materials to:

Director of Member Engagement Emily Pavoni | epavoni@ohioafp.org | (614) 267-7867

Ohio Academy of Family Physicians

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