



# Mailing List Order Form

Please complete this form and attach a sample of your mailing(s). Upon receipt of your mailing pieces completed order form and agreement, STFM will review your application. Use of the STFM mailing list is contingent upon approval of the mailing piece. Please allow 7-10 business days for processing.

A sample of the mailing piece must be included with the order form for approval by STFM before the order can be processed.

## 1. Order Information

Order Date: \_\_\_\_\_ Company: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Description of materials to be mailed: \_\_\_\_\_  
\_\_\_\_\_

## 2. List Details

**Type of List** (minimum charge \$395 for members, \$595 non-members)

- Total Active Membership                       Members by State  
 Family Medicine Department Chairs                       Family Medicine Program Directors

(Other lists available; contact Jill Haught at [jhaught@stfm.org](mailto:jhaught@stfm.org) or 800-274-7928 ext 5404 for information)

### Format

- Electronic File

Options:    Excel File   or   Word Merged Document

- Adhesive Labels (*additional charges apply*)

Label/Printing Fee: \$25 per 100

Shipping Fee: \$10 - USPS Priority Mail

### Sequence

- Zip Code                       Alpha Sort

## 3. Shipping Information

### Electronic File:

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

### Shipping Address:

*(complete this section for adhesive label orders only)*

Company: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

## 4. Payment

**Send Invoice**      Purchase Order # \_\_\_\_\_

**Credit Card:**

Visa

Mastercard

American Express

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on the Card: \_\_\_\_\_

## 5. Order Requirements & Restrictions

- ❖ The document you wish to mail must be submitted for approval.
- ❖ The use of any STFM list is contingent upon the approval of the mailing piece or planned use.
- ❖ Please allow 1 to 2 weeks for processing.
- ❖ The names and addresses provided by STFM are the property of STFM are supplied for the specific mailing ordered for one-time use only. After completion of such mailing, any unused labels or list shall be destroyed and not used for any other purpose. Lists are seeded with decoy names to protect against unauthorized use.

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

## 6. Submitting Your Materials

### Fax or mail your completed order form and supporting materials to:

**Mail:** Society of Teachers of Family Medicine  
Attn: Jill Haught  
11400 Tomahawk Creek Parkway, Ste 540  
Leawood, KS 66211

**Fax:** (913) 906-6096

**Please contact Jill Haught at STFM for additional information, questions regarding the order form, or to get a quantity/price quote at (800) 274-7928 ext. 5404 or [jhaught@stfm.org](mailto:jhaught@stfm.org).**