



Idaho Medical Association Mailing List Order Form

1. Type <input type="checkbox"/> Adhesive <input type="checkbox"/> Electronic (List Sent to Mailing House)*		2. Sequence <input type="checkbox"/> Zip Code <input type="checkbox"/> Alphabetical	
3. Cost Members: COMPLIMENTARY Non-Members: \$.25 per label (minimum \$150) Full State - \$425.00 <div style="text-align: right;">Total: \$ _____</div>		4. Ship Method (<i>Members-No Charge for US Postal</i>) All expedited shipping must provide account number <input type="checkbox"/> UPS <input type="checkbox"/> Pick-Up <input type="checkbox"/> FedEx <input type="checkbox"/> US Postal (<i>minimum \$5.00</i>) Account# : _____ CC #: _____ Exp: _____ VCode: _____ (If no shipping account, please provide credit card #)	
CC #: _____ Exp: _____ VCode: _____			

5. Select Categories to include:

Full List (*IMA members & non-members*) circle to include: MD/DOPA-C NP Retired Resident
 Student

IMA Membership (*IMA members only*) circle to include: MD/DOPA-C NP Retired Resident
 Student

Mid-Levels only (*Physician Assistants & Nurse Practitioners only*)

6. Select Address to include:

Entire State

Selected Counties/Cities: _____

Selected Specialties: _____

7. Attach Sample of Printed Material to be Mailed (*We cannot process your order until we receive this sample.*)

8.

Ordered by: _____ **Phone:** _____

Member Name: _____ **Signature:** _____ **Date:** _____

Company Name: _____ **Fax:** _____

Shipping Address: _____

Direct Mailing Company: _____ **Phone:** _____

Company Contact: _____ **Email:** _____

***An electronic list can only be selected if the list is to be sent to a mailing house to be processed for your mailing. Please list below the name of the company, contact person, telephone number and email address and we will contact them directly.**

Thank you for your order. Please allow up to **Two Weeks** for processing. **Prepayment and a sample of the mailing are required before labels can be shipped.** You will be called if there is missing or confusing information that may delay your order.

By signing this licensing agreement you understand that these labels will be for a one-time use only. You also agree to prevent duplication, transfer or reproduction of the labels, or information thereon, in any form whatsoever and to the other terms on the reverse side of this form. In order to receive mailing labels, this licensing agreement must be signed and faxed back to 208-344-7903.

Idaho Medical Association

Mailing Labels Licensing Agreement

1. Licensee agrees not to duplicate, reproduce, or transfer labels or information hereon.
2. List is for one-time only. Applies to both adhesive and/or electronic.
3. Licensee will be called if there is missing or confusing information on the order form.
4. The licensee **must submit** a sample mailing for each set of labels ordered.
5. Prepayment is required before labels can be shipped.
6. In order to receive the list at the complimentary member rate, the purchasing member's signature must appear on the order form.
7. All non-members will provide method of shipment and account number for all out-of-area orders. If none is provided, a postage fee will be added. Members requesting priority overnight or expedited shipments will also need to provide an account number, and/or the postage fee will be required before distribution of labels.
8. Prices include Idaho Sales Tax.
9. This form can also be downloaded from the IMA website at [www.idmed.org/Brochures/Product Orders/LBLORDER.FM.pdf](http://www.idmed.org/Brochures/Product%20Orders/LBLORDER.FM.pdf)

For more information, contact:

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