

## Request for Membership Labels/Lists

- All requests for mailing labels or lists must be submitted in writing accompanied by a sample of the material for which they are to be used and can only be used on a one-time basis.
- Please allow at least one week to process your request once received at the MDA office.
- The Missouri Dental Association respects the privacy of its members and does **NOT** provide email addresses or fax numbers to outside organizations and individuals.

Please send the completed request form, sample material and payment by mail or fax to:

- MDA, Attn: Mandy Lewis, 3340 American Ave, Jefferson City, MO 65109. Phone: 573-634-3436 Fax: 573-635-0764

The MDA agrees to offer the mailing labels/lists of the membership of the Association at the below cost:

	<i>Electronic list</i>	<i>Printed Labels</i>	<i>Entire MDA Membership Electronic List (All 2200+ Members)</i>
Member Dentist	\$.05 per name	\$.08 per name	\$100
Endorsed Company or Focus Advertiser	\$.10 per name	\$.15 per name	\$175
Outstate Dental Societies	\$.10 per name	\$.15 per name	\$175
All Others	\$.20 per name	\$.25 per name	\$350
<b>Processing/Postage Fee</b>	<b>\$20</b>	<b>\$20</b>	<b>\$20</b>

Name of Purchaser: \_\_\_\_\_

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

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

The above named individual/organization agrees to the following understandings regarding the MDA label/list use:

- 1) The material being mailed will be sent to the MDA Executive Director for approval prior to the delivery of the labels/list.
- 2) The label/list will be used only **ONCE** and that MDA reserves the right to bill for any additional use.
- 3) The labels/list will only be used with the material pre-approved by the MDA.
- 4) The list will not be distributed to another individual or organization.

Signature of Authorized User: \_\_\_\_\_ Title: \_\_\_\_\_

Credit Card # (MC/Visa Only): \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVS#: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

<b>MDA USE ONLY</b>	CC Approval:
Approved:	Denied:
Prepared by:	Date Mailed:

Both labels and lists can be generated and sorted in a number of ways. Please specify what fields you need in order for us to process your request.

- Labels are provided one-up and gummed.
- Lists are provided as a onetime use excel document.

Organization Name: \_\_\_\_\_ Date Requested: \_\_\_\_\_

Please select one of the following:

- Printed labels  Electronic document

Please select the member classification:

- All  Active  Active Life  Retired  Retired Life

Please select the information fields you want included (printed list only):

- All  Name  Address  City  State  
 Zip  Office Phone  Dental School  Grad Year  Practice Code

Please select the component societies you want included:

- All  Greater Kansas City  Greater St Louis  
 Greater Springfield  Central  Northeast  
 Northwest  Southeast  Southwest

Please select which practice codes you want included:

- All  General Prac  Oral Surgery  Endodontics  Orthodontics  
 Pediatric  Periodontics  Prosthodontics  Oral Pathology  Public Health

Please select how you prefer the data sorted:

- Alphabetically by Last Name  Zip Code Order

If other, please specify: \_\_\_\_\_

Specific requests: \_\_\_\_\_

\_\_\_\_\_