

LABEL/MAIL REQUEST FORM
(CHECK ALL THAT APPLY AND COMPLETE ALL BOLD AREAS)

*****MEMBERS*****

- MEMBER STATUS: _____ ACTIVE _____ EXPIRED _____ BOTH
1. _____ **ALL** (FULL, OFFICERS, ASSOCIATES, VIPS, ETC. FOREIGN & DOMESTIC)
 2. _____ FULL MEMBERS ONLY
 3. _____ OFFICERS (X, O, S, R)
 4. _____ ASSOCIATES (600,000)
 5. _____ ADVERTISERS (700,000)
 6. _____ SUBSCRIBERS (800,000)
 7. _____ OTHERS (VP, MG, FR.) Specify _____

*****DOMESTIC***** (Does **not** include Canada or foreign counties)

1. _____ ALL USA
2. _____ REGIONS: (A, B, D, E, F, H, I, J, K, L, M, N) SPECIFY one or more choices:

3. _____ STATES: (AZ, CA, ETC) SPECIFY one or more choices: _____

4. _____ CHAPTERS: (AZA, CA1A, ETC.) SPECIFY one or more choices: _____

*****FOREIGN*****

1. _____ **ALL** FOREIGN MEMBERS
2. _____ COUNTRIES: (CANADA, GERMANY, ENGLAND, ETC.) SPECIFY countries requested: _____
3. _____ CANADIAN PROVINCE: (AB, BC, ETC.) SPECIFY if applicable: _____

*****LABEL FORMAT*****

- A. _____ STANDARD FIRST LINE OF LABEL (MEMBER # AND EXP. DATE)
- B1. _____ PRESSURE SENSITIVE, 4-UP
- B2. _____ CHESHIRE, 4-UP
- C1. _____ NEED POSTAL ZONE COUNT REPORT WITH MAILING
(If not checked, no report will be issued.)

*****SORT***** Labels will automatically be sorted by zip code sequence. Should you require another type of sort, please indicate here: _____. Please keep in mind mail is **not** eligible bulk mailing if not sorted by zip code and may result in higher mailing costs.

LABEL DATE REQUIRED: _____	DATE: _____
DELIVER LABELS TO: _____	APPROVED BY: _____
NAME OF REQUESTOR: _____	APPROVAL DATE: _____

*****MAILING*****

NAME OF MAILING: _____
 QUANTITY: _____ DESIRED MAIL DATE: _____
 SAMPLE ATTACHED: YES _____ NO _____
 MAILED TO: NATIONWIDE _____ INTERNATIONAL (INCLUDING CANADA) _____
 IF NO SAMPLE, GIVE WEIGHT _____ SIZE _____ NUMBER OF PAGES _____

BILLING INFORMATION	
(Please complete)	
1. MEMBER RATE (.08 PER LABEL)	(check here) _____
2. COMMERCIAL RATE (.125 PER LABEL)	(check here) _____
SPECIFY TO WHOM BILLED:	
Company Name: _____	
Attn: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
3. Credit Card #:	Exp. Date: _____

MAIL METHOD APPROVAL (Internal Use Only)	
FIRST CLASS _____ THIRD CLASS _____ BULK _____ UPS (GROUND _____ 2 nd DAY _____)	
OVERNIGHT EXPRESS _____ OTHER: _____ Specify: _____	
VIA: MAILING HOUSE _____ POST OFFICE _____ UPS _____ AIRBORNE EXPRESS _____	
FEDERAL EXPRESS _____ OTHER (Specify: _____)	
MAILING COST PER PIECE: _____ x _____ (number of pieces) = _____ +	
BULK HANDLING FEES: _____ APPROXIMATE TOTAL COST: \$ _____	
BULK PERMIT #: GWRRA _____ OTHER (Specify: _____)	
P.O. #:	APPROVED BY: _____ DATE: _____

COMPLETED BY: _____ **DATE:** _____