



# 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 1-2 weeks 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** (Each list costs \$395 for members, \$595 for non-members)

- Total Active Membership                       Members by State  
 Family Medicine Department Chairs

**Sequence**     Zip Code     Alpha Sort

**All lists will be sent via an Excel file.**

## 3. Shipping Information

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

## 4. Payment

**Credit Card:**     Visa     MasterCard     American Express

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

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

**Billing Address:**

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

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

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

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

## 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 and are supplied for the specific mailing ordered for one-time use only. After completion of such mailing, any 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: Allison Woodworth  
11400 Tomahawk Creek Parkway, STE 240  
Leawood, KS 66211

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

**Please contact Allison Woodworth at  
[awoodworth@stfm.org](mailto:awoodworth@stfm.org) for additional information.**

*STFM ♦ 11400 Tomahawk Creek Parkway, Suite 240; Leawood, KS 66211 ♦ 800-274-7928*