

MSCSW Membership List Request Form

When a request is made for release of the membership list, this form must be completed and returned to the Society office at the address listed below. Society officers must approve your request. When approval is granted, the labels/list will be sent together with a bill. Our terms are net 30 days. *A sample brochure or description of your mailing must be included when you return this form.*

The MSCSW membership list is available in either printed labels or a plain paper copy. The cost for one set of labels is \$60.00 (plus \$3.60 sales tax). The cost for one plain paper printed copy is \$50.00 (plus \$3.00 sales tax). (The plain paper copy is furnished in a 2-up format that can be duplicated onto labels through a copy machine.) The membership list can be created either zip code sorted or alphabetically by last name.

Please allow at least six (6) weeks from time of request for shipment.

Section I: We are requesting _____ peel and stick labels _____ plain paper copy

Number of copies requested: _____ Date of Request: _____

Organization _____

Contact Name and Title: _____

Day Phone: _____ Tax Exempt No. _____
(include copy tax exempt certificate)

Address: _____

I understand this request is for a one-time use only as described within this request form. Duplication of this list in any way is not permitted.

Request Signature: _____
Name/Title

Section II: Intended purpose of mailing:

_____ Continuing Education _____ Information on New Services
_____ Special Event _____ Other (please explain)

MSCSW Approval Signature/Date: _____

A sample brochure or a description of your mailing must accompany this request.
Maryland Society for Clinical Social Work, Inc. ~ P.O. Box 47577 ~ Windsor Mill, MD 21244
410/298-3226 phone/fax ~ info@mscsw.org