Prepared address mailing labels of the FPTA membership can be ordered at the following prices:

**Members:** .25 cents per label

**Non-Members:** .50 cents per label

A minimum purchase of $20.00 is required on all orders.

**Format:** Peel and stick labels. Mailing labels purchased through the FPTA Chapter office may be used for one mailing only and may not be duplicated without the written permission of the FPTA. FPTA reserves the right to refuse any future request for use of the FPTA Mailing list from any organization or individual who has violated the FPTA mailing policy.

**Labels may be sorted in the following manner:**

1. By member type (PT, PTA or Student)
2. Location (City, County or District)

Mailing labels may be purchased by sending the form below.

The form can be faxed *(850) 224-5281* or e-mailed *(info@fpta.org)*. If you have any questions please call *(850) 222-1243*. Shipping and tax are not included in pricing. For overnight shipping, please include your FedEx or UPS account number.

Payment of labels will be accepted in any of the following forms:

- Visa
- MasterCard
- American Express
- Check (please mail payment to 800 N Calhoun St #1A, Tallahassee, FL 32303)

If you are purchasing labels at the member discount price, please be sure to include your membership number. An FPTA district map that designates the counties within each district is available should you need assistance when choosing a list of labels.

*We must receive an example of what will be mailed out using the labels so the purchase can be approved.*

Thank you for your order. Please be sure to use your member discount where it is applicable.
LABEL ORDER FORM

DATE: ___________________________

Phone: ___________________________ Fax: ___________________________

COMPANY / NAME OF PERSON ORDERING LABELS: ___________________________

Email Address: ___________________________

MAILING ADDRESS: ___________________________

CITY / STATE/ ZIP: ___________________________

APTA/FPTA member number (if applicable) ___________________________

Mailing Label Type Requested: _____PT _____PTA _____Student

District Requested: ___________________________

East Central: Counties in the District are as follows – Brevard, Indian River, Lake, Martin, Okeechobee, Orange, Osceola, Seminole, St. Lucie, Sumter and Volusia

Northern: Counties in the District are as follows – Alachua, Baker, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Jefferson, Lafayette, Leon, Levy, Madison, Marion, Nassau, Putnam, St. Johns, Suwannee, Taylor, Union and Wakulla

Northwest: Counties in the District are as follows – Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Liberty, Okaloosa, Santa Rosa, Walton, and Washington

Southeast: Counties in the District are as follows – Broward, Dade, Monroe, Palm Beach

Southwest: Counties in the District are as follows – Charlotte, Collier, Glades, Hendry, and Lee

West Central: Counties in the District are as follows – Desoto, Sarasota, Highlands, Hardee, Polk, Manatee, Hillsborough, Pasco, Pinellas, Hernando and Citrus
PT _____ PTA _______ Student _____

FPTA REPORT = Total Number of Members per Order __________

Member Rate $0.25/label = $ ______

Non-Member Rate $0.50/label = $ ______

Minimum Purchase of $20.00

SUB TOTAL = $ __________

SALES TAX (7.5%) = $ ______

SHIPPING = $ __________

TOTAL = $ __________

**********PURCHASE ORDERS CANNOT BE ACCEPTED FOR PAYMENT**********

Note: If paying by credit card please fax form with card information to our secure fax line at 850-224-5281

Visa/MasterCard/American Express/Discover

Card # _________________________ Expiration Date _______ CVV # _______

Name on Credit Card (please print clearly) ______________________________________

Billing Address Street: ______________________________________________________

Billing Address City & Zip: __________________________________________________

Signature: __________________________________________________________________