



Lake County Bar Association  
 300 Grand Ave STE A  
 Waukegan, IL 60085  
 TEL: 847-244-3143 FAX: 847-244-8259  
[info@lakebar.org](mailto:info@lakebar.org)

## Membership Mailing List Order Form

### (1) Mailing List Licensing Fee (check one)

<p><b><u>LCBA MEMBER RATES</u></b></p> <p><input type="checkbox"/> All members: \$75.00</p> <p><input type="checkbox"/> Special Selections \$0.15 per label (min. \$25)        (Contact LCBA Office for Special Selections Pricing)</p>	<p><b><u>NON-LCBA MEMBER RATES</u></b></p> <p><input type="checkbox"/> All Members: \$225.00</p> <p><input type="checkbox"/> Special Selections \$0.50 per label (min. \$100)        (Contact LCBA Office for Special Selections Pricing)</p>
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### (2) Distribution/Format (check one)

<p><input type="checkbox"/> Email/Microsoft Excel Format (included)</p>	<p><input type="checkbox"/> Peel &amp; Stick Labels (Avery 5160) (\$25.00 additional)</p>
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### (3) Sort Order (check one)

<p><input type="checkbox"/> Zip Code</p>	<p><input type="checkbox"/> Alphabetical</p>
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### (4) Special Selections: (check if applicable, otherwise all members provided)

<p><input type="checkbox"/> Specific Practice Area(s)        (actual count provided at time of order)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Associate Member (non attorney members)</li> <li><input type="checkbox"/> Civil Trial &amp; Appeals</li> <li><input type="checkbox"/> Corporate Counsel</li> <li><input type="checkbox"/> Criminal &amp; Juvenile Law</li> <li><input type="checkbox"/> Employment Law</li> <li><input type="checkbox"/> Family Law</li> <li><input type="checkbox"/> Judiciary &amp; Court Rules</li> <li><input type="checkbox"/> Legal Aid</li> <li><input type="checkbox"/> Local Government</li> <li><input type="checkbox"/> Professionalism &amp; Office Management</li> <li><input type="checkbox"/> Real Estate</li> <li><input type="checkbox"/> Wills, Trusts &amp; Probate</li> <li><input type="checkbox"/> Young &amp; New Lawyers</li> <li><input type="checkbox"/> Worker's Compensation</li> </ul>	<p><input type="checkbox"/> Specific Zip Code</p> <p>Please indicate selected zip code(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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### (5) Preferred Delivery Service (check one)

<p><input type="checkbox"/> Email (no extra charge)</p> <p><input type="checkbox"/> Pick up (no extra charge)</p>	<p><input type="checkbox"/> First Class Mail- \$7.00</p> <p><input type="checkbox"/> Overnight Delivery-\$30.00</p>
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### (6) Provide a copy of proposed mailing piece.

(7) Agree to terms and conditions on page 2 of mailing list order form. The list is provided for one-time use.

Lake County Bar Association  
Mailing List Order Form  
Terms and Conditions

This agreement is made by and between the Lake County Bar Association (the Association) and (Licensee) for the licensing by the Association to Licensee of the right to a one-time use of the Association's mailing list subject to the following conditions:

1. **Only name, firm, address, city, state and zip** are provided. LCBA does not distribute phone, fax or e-mail information.
1. All persons submitting this form are **required to submit a sample of the proposed mailing** to the Association for approval.
2. The mailing list must not be used to distribute any mailing other than the one approved by the Association. A mailing that deviates in any way from the approved sample will be considered in violation of this agreement. Licensee must obtain Association approval in writing for any changes made after a sample is approved.
3. The Association has the right to deny approval of a mailing using its mailing list for any reason.
4. The mailing list is to be used by the Licensee only. Neither mailing labels nor electronic files may be duplicated, transferred, or sold to a third party.
5. Licensee may use the Association mailing list for **one mailing only**.
6. Licensee shall not distribute any materials that include the Association's name or logo or that state or imply Association endorsement of Licensee or its products or services.
7. Payment must be received with Licensee's order prior to processing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Licensee Contact/Shipping Information**

Name: \_\_\_\_\_

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

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

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

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

\* Note: A sample of the proposed mailing must be submitted along with this order form. The Association rents its membership list for one time use only.

**Payment Information**

Check Enclosed     AmEx     VISA     MasterCard     Discover

Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVC \_\_\_\_\_

Signature: \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_**

Return form to:  
Lake County Bar Association 300 Grand Ave STE A Waukegan, IL 60085  
TEL 847-244-3143 FAX 847-244-8259 [info@lakebar.org](mailto:info@lakebar.org)