



List Use Request Form

The MMGMA mailing list consists of approximately 500 members. The list can be broken down into two subsets: Regular Members (managers/administrators) and Affiliate Members (individuals whose organization provides products or services to the health care industry.)

Approval & Standards

MMGMA reviews each mailer before the request for mailing labels is approved. MMGMA reserves the right, in its sole discretion, to decline any list use request that does not meet with its approval. Mailing labels are only offered in hard copy. The labels provided are for one-time use only and only for the mailing that has received MMGMA's prior approval. The mailing information must not be digitized, duplicated, reused, sold or provided to another party for any purpose. MMGMA may make trade arrangements or allow discounted rates for its mailing list with other professional associations or nonprofit organizations.

To receive approval, the following criteria must be met:

1. A sample mailer (a rough draft or letter of explanation will do) must accompany the List Use Request Form.
2. The mailer and offer must comply with applicable laws and postal regulations.
3. The mailer may not carry any mention of, or endorsement by, MMGMA without prior written approval.
4. The mailing must be for the direct benefit of only the purchasing company, unless prior written approval has been received.

Processing

In most cases, labels are shipped within five (5) working days unless special arrangements are made prior to shipping.

List Selection, Format & Sorting Options

Please select the desired mailing lists:

- All members
- Regular members only
- Affiliate members only

Labels are produced with a maximum of five (5) lines per label.

Please specify your sorting preference below (if no preference is checked, labels will be sent in alphabetical order).

- Sorted by zip code
- Sorted alphabetically by last name

Costs & Payment

The cost to purchase MMGMA member mailing labels is \$100. The charge quoted is per use and must be paid in advance.

Agreement

You must sign the following agreement for your order to be processed.

I agree that the labels provided to my company by the Minnesota Medical Group Management Association are for one time use and only for the purpose listed on this form. I further agree that they will not be duplicated, reused, sold, or provided to another party for any purpose.

SIGNATURE
DATE

Contact Information

NAME
JOB TITLE
COMPANY
ADDRESS
CITY, STATE, ZIP
PHONE
EMAIL

Payment Information

AMOUNT ENCLOSED	PAYMENT METHOD Check (payable to MMGMA) Credit Card	
NAME ON CARD		
CARD NUMBER	SECURITY CODE	EXPIRATION DATE
AUTHORIZED SIGNATURE		
BILLING ADDRESS (MUST MATCH ADDRESS FOR CARD)		
CITY, STATE, ZIP		