



National Association of Social Workers

Label Request Form

Labels are available for \$0.20 each. There are over 3200 NASW-MD members. If you don't wish to purchase the complete mailing list, choose more specific counties in Section III.

Taxes apply unless a tax exempt number is entered where requested and a **copy of the tax exempt card** is returned with this form. Please complete all information below and:

1. Scan/email to jwilliams.naswmd@socialworkers.org or
2. Fax to: 410-747-0635 or
3. Mail to: NASW-MD/5750 Executive Drive/Suite 100/Baltimore, MD 21228

Please allow four (4) weeks from time of request for shipment.

Section I – This is a request for:

- A. Peel & stick labels
B. Email list to mail house

Organization: _____ Day Phone: (____) _____

Contact Name: _____ email: _____

Tax Exempt No.: _____ Address: _____

By signing below, I understand and agree that this list rental is for a ONE TIME use as described in this request form. No duplication of this list in any way shall be performed.

Signature: _____

NASW-MD Chapter Approval Signature: _____

Section II - We are requesting use of your mailing list for a one-time use only to mail:

Information on continuing education Information on company services

Other (please explain) _____

A SAMPLE OF YOUR MAILING MUST ACCOMPANY THIS REQUEST

Section III - Please send:

The entire mailing list

A mailing list by county as specified below

Please include social workers in the counties checked below:

- | | |
|---|--|
| <input type="checkbox"/> (24001) Allegany | <input type="checkbox"/> (24025) Harford |
| <input type="checkbox"/> (24003) Anne Arundel | <input type="checkbox"/> (24027) Howard |
| <input type="checkbox"/> (24510) Baltimore City | <input type="checkbox"/> (24029) Kent |
| <input type="checkbox"/> (24005) Baltimore County | <input type="checkbox"/> (24031) Montgomery |
| <input type="checkbox"/> (24009) Calvert | <input type="checkbox"/> (24033) Prince George's |
| <input type="checkbox"/> (24011) Caroline | <input type="checkbox"/> (24035) Queen Anne's |
| <input type="checkbox"/> (24013) Carroll | <input type="checkbox"/> (24037) Saint Mary's |
| <input type="checkbox"/> (24015) Cecil | <input type="checkbox"/> (24039) Somerset |
| <input type="checkbox"/> (24017) Charles | <input type="checkbox"/> (24041) Talbot |
| <input type="checkbox"/> (24019) Dorchester | <input type="checkbox"/> (24043) Washington |
| <input type="checkbox"/> (24021) Frederick | <input type="checkbox"/> (24045) Wicomico |
| <input type="checkbox"/> (24023) Garrett | <input type="checkbox"/> (24047) Worcester |



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Credit Card Processing Form

This will serve as permission for NASW-MD to process payment

Card #: _____ exp. date: _____ CV Code: _____

For:

_____ Rental of Label List	_____ labels @ \$0.20 each =	\$ _____
	S&H charges =	_____
	MD Sales Tax (6%) =	_____
	Total charge	\$ _____

Total charges: \$ _____ **Date:** _____

Name as it appears on card: _____

Signature (required): _____

Complete Billing Address: _____

For Office Use Only:

Account Code: _____ **MD State Sales Tax**