

ALLOW 10 BUSINESS DAYS FOR THE COMPLETION OF REQUESTS – THANK YOU!

(The above time allows for scheduling, selection, printing and mailing/e-mailing of the list)

**CHAPTER REQUEST FOR MAILING LABELS/LIST - FOR OFFICIAL
CHAPTER BUSINESS ONLY**

NAME: _____ CHAPTER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

CAMFT MEMBER #: _____ CHAPTER POSITION: _____

DATE LIST IS NEEDED BY: _____

(Please list actual date and not ASAP)

PURPOSE FOR WHICH LABELS/LIST WILL BE USED: _____

-
1. Be sure to fill out this form completely and select only **one** option—mailing labels, mailing list, or e-mail list.
 2. Call CAMFT at 1-888-892-2638 if you have any questions about completing the form. You may mail, fax or e-mail your request. E-mails should be sent to: rclement@camft.org.

MAILING LABELS

- Self-Adhesive Labels – (peel off labels with names/addresses listed three across)
 Electronic Labels – (e-mailed to you and ready to be printed onto labels)

MAILING LIST

- Excel Document – (names and addresses e-mailed to you)

E-MAIL LIST

- Excel Document – (names, addresses and e-mail addresses e-mailed to you)
 Excel Document – (names and e-mail addresses only e-mailed to you)

SEQUENCE

- Alphabetical Order or Zip Code Order

CAMFT MEMBERSHIP CATEGORY

(Please Select **One** Below)

- | | |
|--|--|
| <input type="checkbox"/> All Members – (chapter and non-chapter members) | <input type="checkbox"/> Clinical Members |
| <input type="checkbox"/> All Members – (non-chapter members only) | <input type="checkbox"/> Prelicensed (students/trainees/interns) |
| | <input type="checkbox"/> New Members from _____ to _____ |

Rev. 07/28/17

CAMFT
7901 Raytheon Road
San Diego, CA 92111-1606
Phone: (888) 892-2638
Fax: (858) 292-2666

AREA

Board policy allows you to request **four (4)** mailing labels/lists per year (no charge) of CAMFT members within the approved zip codes of your chapter. Please indicate your choice:

- () Use approved chapter zip codes on file
or
- () Only select zip codes listed: _____
or
- () Other _____
(requires CAMFT approval--call first to inquire)

SIGNATURE

By signing below, I attest that:

- The mailing labels/lists my Chapter will receive are CAMFT property. My Chapter's use of said lists does not transfer the ownership rights, which remain with CAMFT at all times.
- If my Chapter terminates the Chapter Agreement, it must immediately discontinue use of any and all mailing labels/lists that the Chapter received from CAMFT during its time as an active CAMFT Chapter.
- The content of any and all correspondence my Chapter sends using the mailing labels/lists will be limited to promoting chapter events and recruiting new chapter members.
- My Chapter board has been formed and agrees with all of the above.

Signature

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