

RHODE ISLAND CHAPTER
OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION
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MEMBERSHIP MAILING LABELS
RENTAL ORDER FORM

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

The membership labels are run in zip sort order. If you require a different order, please indicate:

Addresses provided are the members' preferred mailing address. The labels are printed on 1 x 2 5/8 labels. Some labels will be home addresses and some will be business addresses. We cannot provide just one type, as we do not have both addresses for all members. Labels will be sent within one week of completing your order.

Please sign below to indicate that you understand that this order is for a **one-time use** of the list. The names and addresses are not to be input into a database or reproduced in any way. A copy of your mailing material should accompany this order. If it is not available, then a complete description should be sent with the order. Material must be approved for use with the RIAPTA list.

The fee for the one-time rental is **\$70.00** for PT/PTA/Students plus **\$5.00** cost for labels. Only complete orders will be filled. A complete order is: This form completed a copy of mailing materials or description of mailing. A payment of **\$75.00** on our PayPal account; pay pal email is RIAPTA@leahymg.com, payment may be made by check or credit card on PayPal or mail a check made payable to RIAPTA at 15 North River Rd., Tolland, CT 06084

Signature: _____ Date: _____