



MAILING LABEL ORDER FORM

The San Francisco Marin Medical Society offers mailing labels for more than 2,000 physician members. This service is perfect for event announcements, professional services, and other physician advertising. SFMMS reserves the right to refuse requests that would not be relevant to our membership. Payment, signed SFMMS Mailing Labels Purchase Agreement, and a copy of the mailing piece must be received by SFMMS before the request is considered complete.

Purchaser's Name _____ **SFMMS Member Name** _____
 (if applicable)

Mailing Address _____

Phone _____ **Fax** _____

Purpose of Mailing _____ **Email** _____

Rental Fee **SFMMS Member Rate** \$150 per set of labels **Non-Member Rate** \$750 per set of labels

NOTE: Mailing labels will be printed on Avery 5160 address labels and will be mailed to you via first class mail within a week of receipt of all required materials. Mailing lists will not be provided via e-mail.

Please select your category print preference (check all that apply):

- Active members Active members, excluding Kaiser physicians
- Medical student members Resident members Retired members

Payment Method Check made to San Francisco Marin Medical Society Mastercard Visa Amex

Card Number _____

Cardholder Name _____ **Expiration Date** _____

Billing Address _____

Signature and Date _____

If you have any questions, or require assistance, please contact SFMMS Membership Department at (415) 561-0850 x200, or at membership@SFMMS.org

PLEASE FAX OR MAIL REGISTRATION FORM TO:
San Francisco Marin Medical Society, Attn: Membership
 2720 Taylor Street, Suite 450 ■ San Francisco, CA 94133 ■ Fax: (415) 561-0833