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**Membership List Request**

This AGREEMENT is made on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by and between the Mississippi Academy of Family Physicians (MAFP) and \_\_\_\_\_ (“Requester”).

**1. Requester has asked for mailing labels/list as follows:**

Number of Sets of Labels:	___ sets of printed labels
Requester wishes the following members to be included:	<input type="checkbox"/> Active Members <input type="checkbox"/> Life Members <input type="checkbox"/> Resident Members <input type="checkbox"/> Inactive Members <input type="checkbox"/> Student Members <input type="checkbox"/> Supporting Members
Order of Printed Labels:	<input type="checkbox"/> Alphabetical Order <input type="checkbox"/> ZIP Code Order <input type="checkbox"/> Other (please specify) _____

The labels will be used for the purpose of: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* Please include a copy of the materials you plan to mail to the requested list.

**2. MAFP mailing labels or lists will be provided with the understanding that:**

- a) All such information on the mailing labels or lists will be treated with total confidentiality.

- b) Such information is granted to Requester and is to be used solely for the purpose indicated above.
- c) Requester shall not release, assign, copy, transfer, merge, sell or otherwise provide to any other persons, entity, organization, or party the mailing labels which MAFP provides pursuant to this agreement.
- d) Payment is received before the mailing list is sent to Requestor.
- e) Upon a breach of any part of this agreement, the licensure to use and possess the mailing labels shall be automatically terminated and the labels or lists shall be returned to MAFP immediately.

- 3. Although MAFP endeavors to maintain its data with information that is complete and current, it cannot guarantee the accuracy or completeness of the data released to Requester. Therefore, Requester hereby releases MAFP from all liability whatsoever for inaccurate or incomplete information in the MAFP data which is provided.**
- 4. In consideration for MAFP supplying its mailing labels under the conditions and limitations set forth herein, Requester will pay the published rates at the time the labels are requested.**
- 5. Requester acknowledges and affirms that it has been provided with a copy of MAFP's membership listing request form. Any breach or default by Requester of the terms of this agreement shall entitle MAFP to reasonable attorney fees and other costs necessitated by the enforcement of its rights hereunder.**

**Mailing List Cost**

The cost to purchase our mailing list is \$150.00 per printed set and is due before the labels are mailed.

**Specifications**

Labels are printed on standard 8.5-inch by 11-inch label paper.

**Mississippi Academy of Family Physicians**

By: \_\_\_\_\_

**Requester:**

By: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_