

PENNSYLVANIA SPEECH-LANGUAGE-HEARING ASSOCIATION

800 Perry Hwy, Suite 3, Pittsburgh, PA 15229
412-366-9858 Phone – 412-366-8804 Fax

PSHA MEMBERSHIP MAILING LIST REQUEST

PSHA membership mailing lists are available for purchase from the PSHA Office for use in mailing materials related to the speech-language pathology and/or audiology profession. The listing includes all members in good standing at the time of printing.

Terms and Conditions

The undersigned agrees to use the labels/listing provided each time for ONE MAILING ONLY. The undersigned will not give or sell the names on the labels/listing to any other individual, association, corporation or similar entity.

Authorized Signature

Name of Organization/Company _____

Contact Name _____

Address _____

Phone () _____ Fax () _____

Email Address _____

Request (check all that apply):

Method of Return:

Entire Database _____ (approx. 1,500)

_____ Peel/stick labels

Exclude Students _____

_____ Disk

Alphabetical Order _____

_____ Electronically (emailed)
(tab-separated text file)

Zip Code Order _____

Cost:

\$.10 per name and \$15 handling for email/disk or
\$7 postage/handling and cost of the labels

Method of payment:

Check enclosed Invoice our Company

Visa MasterCard

Credit Card Number _____

Expiration Date: ____/____

Authorized Signature

Special Instructions: _____

Please allow 10 working days for processing of request.