



The Pennsylvania Speech-Language-Hearing Association

PSHA: 700 McKnight Park Drive, Suite 708, Pittsburgh, PA 15237 • tel: 412-366-9858 • fax: 412-366-8804
website: www.psha.org • email: PSHA@psaha.org

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

contact information

Name of Organization/Company: _____

Contact Name: _____

Address: _____

Phone #: _____

Fax #: _____

Email: _____

request/costs
<p>Check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Entire Database (approx. 1,500) <input type="checkbox"/> Exclude Students <input type="checkbox"/> Alphabetical Order <input type="checkbox"/> Zip Code Order <p>Method of Return:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Peel/stick labels <input type="checkbox"/> Disk <input type="checkbox"/> Electronically (e-mailed - tab-separated text file) <p>Cost:</p> <ul style="list-style-type: none"> <input type="checkbox"/> \$.10 per name <input type="checkbox"/> \$15 handling for e-mail/disk <input type="checkbox"/> \$15 postage/handling and cost of the labels

method of payment																									
<p>Make check payable to "PSHA" or your choice of credit card. Please check payment method and complete account information.</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Check <input type="checkbox"/> Send Invoice <small>(payable to PSHA)</small></p> <p>X _____ YOUR SIGNATURE</p> <p>CREDIT CARD ACCOUNT NUMBER</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>EXPIRATION DATE</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td> </tr> </table> <p>Please allow 10 working days for processing of request.</p>																									