

National Association of Social Workers  
Georgia Chapter  
3070 Presidential Drive, Suite 226  
Atlanta, GA 30340  
(770) 234-0567 Phone (770) 234-0565 Fax [naswga@mindspring.com](mailto:naswga@mindspring.com)

### Mailing List Agreement

Name of Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_



Please accept this order for NASW Georgia Chapter mailing labels:

Full Set **OR**  Subset (specify parameters): \_\_\_\_\_

Alphabetical Order  Zip Code Order

**Purpose:** \_\_\_\_\_

**(One Time Use Only for Continuing Education Only\*)**

\*All Other Requests Must Be Approved by the Executive Director.

Payment Enclosed

Please Invoice

*I certify that the use of labels purchased from NASW Georgia Chapter will be for the designated purpose for **ONE TIME ONLY for Continuing Education Only**. The information will not be duplicated or reused in any way. I take full responsibility for any abuse of this agreement. I understand that these labels were produced from the most recent membership roster. I understand that some addresses may not be current due to failure of members to update address information and release NASW/GA for responsibility related to return mailings.*

✕ \_\_\_\_\_  
Signature of Contact Person or Agency Administrator Date

**Please return the original copy to the above address. Thank You.**

**Do Not Write Below This Line (For Office Use Only)**



**Number of labels:** \_\_\_\_\_ x 15¢ = **Total Cost:** \$ \_\_\_\_\_

Invoice Date: \_\_\_\_\_

Date Mailed/Picked Up: \_\_\_\_\_

Payment Received Date: \_\_\_\_\_

Amount Received \$: \_\_\_\_\_

Check #: \_\_\_\_\_ Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_