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## MEMBER MAILING LIST ORDER FORM

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

City, State Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Please indicate your preference for order of listings:       Alpha-State       Zip Code

Please indicate labels requesting:       United States       International       Full List

State(s) List 5 or fewer states: \_\_\_\_\_

A sample of the the item to be mailed must accompany this order. This sample will be reviewed and must be approved before mailing list is forwarded. Once approved and the payment is processed, the list will be forwarded in an Excel spreadsheet. Allow 5-10 business days to process.

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*Please initial below to indicate that you accept the following terms:*

\_\_\_\_\_ This order is for a one-time use of the list.

\_\_\_\_\_ The names and addresses are not to be input into a database.

\_\_\_\_\_ The names and address will not be reproduced in any way.

Rental Fees - please check the appropriate list type, and provide Tax ID if applicable.

\$700 for profit organizations - for Full List, only International, only North America, only USA

\$350 for non-profit organizations - for Full List, only International, only North America, only USA

Your (non profit) tax ID # required: \_\_\_\_\_

\$250 for State Lists (5 or fewer, for profit or non-profit organizations)

Your (non profit) tax ID # required: \_\_\_\_\_

Payment enclosed:       check # \_\_\_\_\_       Master Card       Visa       American Express

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

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

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_