

Alabama League of Municipalities

Mailing List

The Alabama League of Municipalities offers mailing lists on pressure sensitive labels or in an electronic format. These may be ordered by printing a copy of the following form, completing it and returning it by mail to the League with a check for proper payment or faxed to the number below if paying by credit card. There will be a **\$50.00** processing fee per order plus a charge as indicated below for each portion of the mailing list desired. The numbers in parenthesis indicate the number of names and addresses on the list.

Lists Available (Check all the lists you would like to order.)

- | | | | |
|--|----------|---|---------|
| <input type="checkbox"/> Municipal Attorneys (287) | \$30.00 | <input type="checkbox"/> Municipal Clerks (450) | \$50.00 |
| <input type="checkbox"/> Councilmember (2264) | \$225.00 | <input type="checkbox"/> Municipal Judges (207) | \$25.00 |
| <input type="checkbox"/> Mayors (441) | \$50.00 | | |
| <input type="checkbox"/> All of the Above (3649) | \$360.00 | | |

Please circle one choice for sort order:

Alphabetical by Last Name

Alphabetical by City or Town

Zip Code

Please circle the following format you would like to receive this information:

Pressure Sensitive Labels

Electronic Format

\$100.00 additional charge

Payment Information

Please remit proper payment with your order:

Processing Fee	\$50.00
Electronic Format Fee	\$100.00 (if applicable)
Costs of Labels Ordered	\$ _____
Postage & Handling (If mailed*)	\$5.00 (Fee waived if picked up at League Office)
Rush Service Yes No	\$25.00 (if applicable)
TOTAL PAYMENT ENCLOSED	\$ _____

Attached is my check and sample mailing.

Labels will not be provided without payment and sample mailing.

Method of Payment: Check

Please mail check and completed order form to:

Alabama League of Municipalities
Attn: Krystle Bell
P. O. Box 1270
Montgomery, AL 36102

Credit Card: Visa Master Card American Express

Please mail completed form to the above address or fax to:

Alabama League of Municipalities
Attn: Krystle Bell
(334) 263-0200

Card #: _____ Expires: _____

Name on Card: _____

Billing Address: _____

Zip Code: _____

Signature: _____

Amount Paid: _____

Mail Labels to:

Organization: _____

Name: _____

Title: _____

Department: _____

Address: _____

City _____ State _____ Zip Code _____

Email: _____

Phone: () _____

If Rush Service is to be provided, please provide street address below:

Street Address _____

City _____ State _____ Zip Code _____

If you have any questions, please contact [Krystle Bell](#) at (334) 262-2566