



FLORIDA RECREATION AND PARK ASSOCIATION, INC.
411 Office Plaza Drive, Tallahassee, Florida 32301-2756
(850) 878-3221 FAX (850)-942-0712

REQUEST TO PURCHASE/USE FRPA MAILING LIST/LABELS

The Florida Recreation and Park Association, Inc. is pleased to release selected labels to organizations, individuals, or other entities who agree to utilize the labels in accordance with our established policies. We reserve the right to deny use of labels to any individual, organization or other entities who have not abided by the established policies, or those who desire to utilize the labels for a purpose which conflicts with the FRPA purposes or activities.

Applicants for labels must pre-pay for the labels. Enclose the required fee along with this application. Applications without payment will not be processed. Please note that FRPA shall maintain final approval on all requests for labels and reserve the right to withhold this information to protect the interests of the membership of The Florida Recreation and Park Association. **PLEASE ALLOW TWO WEEKS FOR YOUR REQUEST TO BE PROCESSED.** RUSH CHARGES MAY APPLY TO ORDERS NEEDED IN LESS THAN A TWO WEEK PERIOD.

Information for mailings may be provided in an electronic format to a Mailing House which maintains DMA membership and has achieved accreditation in their industry. FRPA reserves the right to evaluate these requests individually. In order to qualify for this, the information will only be released to an accredited Mailing House who signs the affirmation for the appropriate use of the information. Any misconduct on the part of the Mailing House will be reflective of the entity requesting the labels and both Mailing House and requesting entity will be subject to legal action taken by FRPA.

The requesting individual/organization/entity must provide the following information:

- a. Organization/Individual Name: _____
- Contact Person: _____
- Mailing Address: _____
- City/State/Zip: _____
- Email: _____
- Telephone with area code: _____ FAX _____

Customize Your Mailing Labels

- Florida Parks, Recreation, and/or Leisure Services Agencies** - approximately 262 labels
- Cost: FRPA Member – Labels \$38.70 (\$36 plus \$2.70 tax)
Non-FRPA Member – Labels \$64.50 (\$60 plus \$4.50 tax)

Individual Professional Members:

- Cost: FRPA Member - \$.07 each label (add 7.5% sales tax)
Non-FRPA Member - \$.15 each label (add 7.5% sales tax)

- Entire FRPA membership** - approximately 1,900 labels
- Customize by Interest Area** – please call the Executive Office and we can suggest a database query to meet your needs.
- Customize by Region** (refer to FRPA website www.frpa.org for county make-up of Regions)
 - Northern
 - Southeast
 - Central
 - Southwest
- Other** – please specify

b. Please explain what the labels/list will be used for.

c. Please list printed materials to be mailed and attach copies of each to this application form.

e. Please indicate the format which you would like the listing/labels

Labels

f. Please indicate how you would like labels sorted

alphabetically

zip code order

g. Signature

I guarantee that the requested labels will be used only for the specified mailing described in this application and are for a one time use only. These labels will not be copied, disseminated, entered into a database for future reproduction, or in any way form or fashion given to a third party without the express written permission of The Florida Recreation and Park Association. Misuse of this will result in a financial penalty of \$500, and potential legal resolution.

Signature of Requesting Entity

Date

In addition – if electronic listing is being released to an accredited Mailing House

On behalf of _____ (name of mailing house), I hereby affirm that the information provided to me by the Florida Recreation and Park Association will not be released in any format to any entity other than our Mailing House, and that we are subject to legal action by the Association if it is found to have been released.

Signature of Mailing House Representative

Date

Mailing House Name _____

Mailing House Address _____

City/State/Zip _____

Mailing House Phone with Area Code _____

Mailing House Business License State and Number _____

h. Payment Information

Check # _____ Enclosed in the amount of \$ _____

Charge my VISA / MASTER CARD # _____ Exp. Date _____

Street or PO Box # where credit card bill is received _____

Zip Code where credit card bill is received _____

Authorized Signature on Credit Card _____

FOR OFFICE USE ONLY

Order Form Received: _____

Labels Produced/Mailed _____

Payment Received: _____

Check # _____