



Membership List/Label Agreement

The undersigned hereby agrees to the following conditions with respect to the utilization of the membership labels or list provided by the Central Minnesota Builders Association (CMBA):

- **Labels/Lists are to be used for one mailing only and are available to members only. *Please return the signed agreement with payment and a copy of the materials you will be mailing to the members.* Agreements returned without such copy will not be processed. CMBA may, at its sole option, refuse any order for labels or a list for any reason.**
- This agreement precludes user and purchaser from reusing or reselling lists and/or labels to other parties.
- CMBA prohibits members from purchasing the labels for non-member's use.
- The CMBA will attempt to provide labels/lists within a reasonable time frame, however the CMBA does not guarantee receipt of this information by any particular date.
- CMBA makes no warranty as to the accuracy of its mailing labels/lists or the effectiveness of any mailing.
- CMBA will not provide membership labels/lists to firms deemed to be in competition with companies with which CMBA has an existing relationship.

Label Options (select printed or electronic and sorted by):

| | | | | | |
|-----------------------|---------|-----------------------------|---------|-------------------|-------|
| Printed Labels | | Disk or Email Labels | | Sorted By | |
| All Members | \$100__ | All Members | \$250__ | Contact Last Name | _____ |
| | | | | Company Name | _____ |
| | | | | Zip Code | _____ |
| | | | | Other | _____ |

Delivery Options (select one):

Mail Labels/Disk _____
(If address is different than below)

Pick Up Labels _____
(Date needed by)

Requested By:

Name: _____

Company: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Payment Type (please check one):

Check__ Visa__ MC__ Discover__ American Express__

(Payable to CMBA)

Cardholder's Name _____

Cardholder's Address _____

City _____ State _____ Zip _____

| | | | | | | | | | | | | | | | | | | | |
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Exp. Date: _____ Security Code _____

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Signature (required): _____

Payment and a copy of the mailing materials must be received with this agreement for the request to be processed.

Return to:
 Central Minnesota Builders Association
 1124 West St. Germain Street
 St. Cloud, MN 56301
 Phone (320) 251-4382
 Fax (320) 251-3754