



ALAPTA MAILING LIST ORDER FORM

Company Name: _____ Contact Person _____

Address: _____

City, State: _____ Zip: _____

Phone: _____ Email: _____

Payment: Check (Made Payable To: Alabama Chapter, APTA)
 Visa MasterCard American Express Discover

Price: \$150

Credit Card Number: _____ Exp. Date: _____

Print Name of Cardholder: _____

Cardholder Signature: _____

Send Completed Form and Payment to:

Alabama Chapter, APTA
Executive Office
1055 N Fairfax Street, Suite 205
Alexandria, VA 22314
Questions? 800/999-2782, ext. 3284 - Alabama@apta.org

Mailing List Agreement:

This acknowledges that the mailing list and any portions thereof are the exclusive property of the Alabama Chapter, APTA. I agree and understand that all names and addresses furnished are provided for a **one-time use only**. I guarantee the names and addresses shall not be copied, reused, sold, electronically reproduced or used by any party except as specified in the written order.

There is a **NO RETURN POLICY** on all mailing list orders.

Please read the Mailing List Agreement above prior to signing. All order forms must be signed. The undersigned has read and hereby agrees to observe all policies and regulations set forth in the contract for purchasing the mailing list from the Alabama Chapter, APTA as described.

Signature: _____ Date: _____

Print Name: _____