Membership Mailing Labels Policies and Procedures

GFOA membership currently numbers more than 21,000 public finance professionals from all levels of government and the private sector. **Labels including member names and addresses are available on a restricted basis at the rate of $250 per thousand names, with a $500 minimum order.** Orders are not available in electronic format unless submitted directly to a mail house. Labels are provided only in 3-up pressure-sensitive peel-and-stick labels which measure 3-1/2” x 15/16”. Phone numbers, fax numbers, or e-mail addresses are not available for purchase. GFOA’s policies and procedures regarding such purchase(s) are as follows:

- Mailing label requests must be made in writing using the appropriate form, and should include a **sample of the proposed mailing piece.**

- The use of the membership mailing list is limited to the purpose indicated on the written request for **one-time use only.** There are no multi-use discounts.

- Reproduction of labels is expressly prohibited. Allow **1 – 2 weeks** from the GFOA’s receipt of pre-payment for the shipment of labels.

- A GFOA staff member will contact you with the status of your request and if approved, the total number of mailing labels included in your order. At that time, you also will be informed of the total amount due on your order.

- Mailing label orders must be **pre-paid before shipment.** Payment may be made via check, AMEX, Discover, MasterCard, or Visa. **A faxed copy of a check will not be accepted as pre-payment.**

- **Shipping:** Labels are shipped UPS Ground.

For additional information, please contact GFOA toll free at 1-800-829-GFOA (4362).

Kate Southard, Manager  
ksouthard@gfoa.org  
or at (312) 977-9700, ext. 4415

Dan Zielinski, Assistant Director  
dzielinski@gfoa.org  
or at (312) 977-9700, ext. 4410
LABEL SORT: Labels can be sorted by member type and/or by state/province. Membership is divided into two main categories:

1. Active Members – practicing public finance professionals from a government unit (approximately 19,000)
   a. City Government (approximately 9,000)
   b. County Government (approximately 4,000)
   c. State Government (approximately 600)
   d. Retirement System (approximately 500)
   e. Special District (approximately 4,000)

2. Associate Members – interested in public finance, but not employed in the public sector (approximately 2,000)

Member type:
- Full-time membership list (Active and Associate) OR
- All Active OR
  - City
  - County
  - State
  - Retirement
  - Special District

OR
- All Associate

Geographic region:
- U.S. and Canada
- U.S. only
- Canada only (approximately 300)
- Specific states/provinces as listed:

The undersigned understands and complies that labels are for one-time use and will be used only for stated intent. Any copying or duplication of the list will be considered an infraction of the sales agreement.

Authorized Signature

Company / Agency

Date

SHIP TO:

Name: __________________________________ Title: ____________________________________________

Company: ________________________________________________________________________________

Telephone (Mandatory): __________________ Fax: __________________ Email: _________________________

Address: ______________________________________________________________________________________

City/State/Zip: ________________________________________________________________________________

Date needed by (allow 1 – 2 weeks after receipt of payment for processing): ____________________________

Method of payment: (All orders must be prepaid – please check all that apply.) Fees must be paid in U.S. dollars by check, or credit card. Please do not submit duplicate copies.

- Payment by check: Payable to “Government Finance Officers Association” – mail to: GFOA, 203 North LaSalle Street, Chicago, IL 60601-1210
- Payment by credit card: fax (312) 284-1224, scan and email dzielinski@gfoa.org, or send to address listed above

- Amex
- Discover
- MasterCard
- VISA

Name on Card: ____________________________________________

Account Number: ____________________________ Expiration Date (Mandatory): ________ / ________

Signature (Mandatory):________________________________________