

VERMONT PHYSICAL THERAPY ASSOCIATION

A COMPONENT OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION
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MEMBERSHIP MAILING LABELS RENTAL ORDER FORM

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Addresses provided are the members' preferred mailing address. They will be emailed to you as an excel sheet.

Please sign below to indicate that you understand that this order is for a **one-time use** of the list. The names and addresses are not to be input into a database or reproduced in any way. A copy of your mailing material should accompany this order. If it is not available, then a complete description should be sent with the order. Material must be approved for use with the VTAPTA list.

Signature: _____

The fee for the **one-time** rental is \$125.00 for PT/PTA/Students. Only complete orders with payment will be filled. Please make checks payable to VTAPTA or complete the credit card information below. Only credit card orders can be taken via facsimile.

Credit Card Information

Type: MC V Name on card: _____

Account #: _____ Exp. Date (m/yr): _____ V-Code _____

Billing Zip Code: _____

Signature: _____ Date: _____

Your signature authorizes the VTAPTA to charge \$125.00 to the above credit card