

# ARRL LABEL REQUEST FORM

*In accordance with policies established by the ARRL Board of Directors governing the availability from HQ of lists of ARRL members and clubs, I hereby request the following list of members or clubs, to be supplied in the form I have designated below.*

**A. WHO SHOULD THE LIST INCLUDE:** (choose 1 or more)

- |              |                   |
|--------------|-------------------|
| Full Members | Associate Members |
| Clubs        | Instructors       |
| Teachers     | FCC Data Base     |
| Other(s)     |                   |
- Limit labels to one per household?      **YES**      **NO**

**B. WHAT GEOGRAPHIC AREA SHOULD THE LIST COVER:** (choose only one)

- What ARRL Division \_\_\_\_\_
- Or, What ARRL Section \_\_\_\_\_
- Or, What State(s) or Province(s) \_\_\_\_\_
- Or, What List of Zip Codes \_\_\_\_\_ (see below)
- Or, What Other area \_\_\_\_\_

**C. WHAT KIND OF PRINTOUT:**

- Listing
- Self Adhesive Labels 3-across      with BAR CODE and CASS Report
- Downloaded Text File QCQ del.      Approved by DS \_\_\_\_\_ BJS \_\_\_\_\_
- Other

**D. PURPOSE FOR WHICH THE REQUEST WILL BE USED:** (choose only 1)

- SM Election Campaign      \_\_\_\_\_
- Administrative      office      use only
- Convention/Hamfest      Please      provide event information below.
- Non – Commercial

**Note: If request is for convention or hamfest labels, please provide the following information:**

**Date of event:** \_\_\_\_\_      **Date labels are needed:** \_\_\_\_\_

**Name of event:** \_\_\_\_\_

**City and state of event:** \_\_\_\_\_

## Billing and Shipping Information

E. Chargeable      YES              NO

F. REQUESTED ITEMS SHALL BE BILLED (if required) TO:

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

e-Mail \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

G. ORDER SHALL BE SHIPPED TO: Same as billing address

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

e-Mail \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

*My signature below signifies that I have read and understand the Terms and Conditions Governing the Availability of Lists from Headquarters, a copy of which was provided to me prior to this request. My signature below further signifies that the labels or list supplied as a result of this request are to be used only for the single purpose stated above in D.*

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

**THIS FORM WILL BE KEPT IN THE COMPUTER ROOM.  
SHIPPING LABEL AND FORM OR ROUTING INSTRUCTIONS MUST ACCOMPANY THIS  
FORM**

**Request for members in the following zip codes or range of Zip codes**

Example 1 – If you want a list in the 060 range, fill in the box as: 06000 06099

Example 2 – If you want a list in the 060, 061, 064, 065 range, fill in the box as:

06000 06199

06400 06599

Example 3 – If you want a list in the 06001, 06002, 06003, 06111, 06032, 06058, 06058, 06078, 06114 list fill in the box as:

06001 06003

06032

06058 06059

06078

06111

06114

Zip Codes Requested