

MAILING LABEL REQUEST FORM
(For mailing house use) Allow 2 weeks from receipt of payment for processing.

## **CONTACT INFORMATION:**

Club	/School/Orgai	nizat	ion:									
	e:											
Addı	ress:			City, State, Zip:								
Phon	ne #:			Email:								
MAI	LING HOUS	SE II	NFORMATI	ON:								
Com	pany Name:_											
City,	State, Zip:											
E-Ma	ail Address:			· · · · · · · ·								
Pnon	ne #:											
			\$200.00 for	1,000 or	r less add	ess address labels				NCVA Office Use Only:		
			■ \$0.19 per label for 1,001 - 2,000				0 address labels			Label Quantity: Cost per Label:		
□ \$0.18 per 1			abel for 2,001 - 3,000 address labels									
-			•							Total Due:		
			\$0.17 per la	abel for	3,001 oi	r more ad	dress labels					
CAT	EGORY: (ch	ıeck	all that appl	ly) 📮	Adult	☐ Junion	r □ Male	□ F	emale	☐ Othe	r	
Zip	Codes: (check	k all	that apply /	areas ai	re approx	ximate)						
	394-898 (Reno, NV)			□ 937 (Fresno)					<b>9</b> 939 (Salinas)			
	940 (Daly City / Sunnyvale)			☐ 941 (San Francisco)					943 (Palo Alto)			
☐ 944 (San Mateo / Foster City)			□ 945-948 (East Bay Area) □					949 (San Rafael)				
	□ 950-951 (South Bay Area)			□ 952-953 (Stockton / Modesto) □					954-955 (Santa Rosa)			
	☐ 956-958 (Davis / Sacramento)			□ 959 (Chico) □ 96				960 (R	60 (Redding)			
Other (by 3-digit Zip Codes only):												
PAY	MENT INFO	ORM	IATION:									
☐ Credit Card ☐ Check Enclosed			Please charge my: ☐ VISA ☐ MasterCard ☐ American Ex						xpress			
			Card Number:					Exp.: Sec. Code:				
Make checks payable to: NCVA				Card member:								
72 Dorman Avenue				Signature:								
San Francisco, CA 94124 Phone: (415) 550-7582 Fax: (415) 550-7762			Card member's Address:									
E-mail: vball@ncva.com				Card member's City, State, & Zip Code:								