



American College Health Association

Dear Colleague:

Thank you for your interest in the American College Health Association (ACHA) mailing list.

ACHA, founded in 1920, is a national nonprofit organization serving and representing the interests of professionals and students in health and higher education. Its mission is to be the principal advocate and leadership organization for college and university health. The association provides advocacy, education, and services for its members to enhance their ability to improve the health of all students and the campus community. ACHA members include institutions of higher education, individual health care providers, and students dedicated to health promotion on their campuses.

The ACHA Individual Member List and the Institutional Member List are both available for sale. The Individual Member List allows you to contact staff members of college health centers (including physicians, nurses, administrators, mental health staff, pharmacists, and health educators) and students who are actively involved with ACHA. The Institutional Member List enables you to reach the directors of student health services (or other designated representatives) at ACHA member colleges and universities.

Please keep the following in mind when ordering:

- The proposed mailing must be appropriate for ACHA members and is subject to approval by ACHA. Neither ACHA's name nor its logo may appear anywhere on the mail piece. A sample must be enclosed with all orders.
- Except for rush orders, turnaround time is one to two weeks after the order is approved by ACHA.
- Unless otherwise indicated (in Section B of the Mailing Label Request Form) all lists will be run in zip code order.
- The mailing lists are rented for one-time use only. They may not be sold or reproduced in any way. The list must be destroyed after the one time use. Unauthorized use of the ACHA provided mailing list data will be considered a violation of the one-time use rental agreement and result in future disapproval of mailing label requests.
- Payment (check or credit card) for the total due must accompany the order.

To place your order, please fill out the Mailing Label Request Form and the Rental Agreement and return them to ACHA with your sample material and payment to the American College Health Association for the total due.

Price quotes will be given after selections have been in combination of List One and/or List Two. After criteria have been selected please fax to 410-859-1510 for your pricing quote.

Again, thank you for your interest! Please contact me at (410) 859-1500 ext. 211 with any questions or concerns.

Sincerely,

Amanda Tickner
Membership Coordinator

American College Health Association
MAILING LABEL REQUEST FORM

SECTION A

LIST 1 -- Individual Members

Labels can be extracted as follows:

- 1) Region I Region II Region III Region IV Region V Region VI
 All Regions

(See back of this page for region breakdowns)

- 2) AD Section AP Section CM Section HP Section MH Section
 ND Section NU Section PH Section SC Section All Sections

(See back of this page for section information)

LIST 2 -- Institutional Members

Labels can be extracted as follows:

- Region I Region II Region III Region IV Region V Region VI
 All Regions *(See back of this page for region breakdowns)*

SECTION B

Label Type:

- Avery Labels - 5160 (affixed by hand)
 Excel Database

Pricing:

- ACHA Member: \$100 Base fee + \$.07 per label (Number of labels purchasing _____)
- Non-Member: \$150 Base fee + \$.07 per label (Number of labels purchasing _____)
- Add \$30 for rush orders
- Add \$15 for physical mailing label orders

Processing options: Rush Order Standard Processing

Sort: Alphabetical Zip Code

REGIONS

- REGION I SOUTHERN COLLEGE HEALTH ASSOCIATION --** Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina, Tennessee
- SOUTHWEST COLLEGE HEALTH ASSOCIATION --** Arkansas, Louisiana, New Mexico, Oklahoma, Texas
- REGION II CENTRAL COLLEGE HEALTH ASSOCIATION --** Kansas, Missouri, Nebraska
- NORTH CENTRAL COLLEGE HEALTH ASSOCIATION --** Iowa, Minnesota, North Dakota, South Dakota, Wisconsin
- ROCKY MOUNTAIN COLLEGE HEALTH ASSOCIATION --** Colorado, Montana, Wyoming
- REGION III MID-AMERICA COLLEGE HEALTH ASSOCIATION --** Illinois, Indiana, Kentucky, Michigan
- OHIO COLLEGE HEALTH ASSOCIATION --** Ohio
- REGION IV MID-ATLANTIC COLLEGE HEALTH ASSOCIATION --** Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Virginia, West Virginia
- REGION V NEW ENGLAND COLLEGE HEALTH ASSOCIATION --** Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont
- NEW YORK STATE COLLEGE HEALTH ASSOCIATION --** New York
- REGION VI PACIFIC COAST COLLEGE HEALTH ASSOCIATION --** Arizona, Alaska, California, Hawaii, Idaho, Nevada, Oregon, Utah, Washington, Guam, Pacific Rim

SECTIONS

AD = Administration	HP = Health Promotion	NU = Nursing
AP = Advanced Practice Clinicians	MH = Mental Health	PH = Pharmacy
CM = Clinical Medicine	ND = Nurse-Directed	SC = Students/Consumers

MAILING LABEL RENTAL AGREEMENT

Return this **completed agreement with the Mailing Label Request Form, your sample material, and check payable to the American College Health Association or credit card information for the total due** in order for ACHA to promptly process your request. You may fax your order to 410-859-1510, Attn: Membership Coordinator

MAILING INFORMATION

Name (please print)

Name of Company or Agency

Street Address

City, State, Zip Code

Daytime Telephone Number

E-mail address

BILLING INFORMATION

Please check one:

Non Profit Company or Agency (please provide your tax exempt status code on the line) _____

For Profit Company or Agency

Amount due: \$ _____

Check Attached or charge my American Express Visa MasterCard

Card Number

Exp Date

Card Security Code

Cardholder's Name

Signature

We agree that these labels will be used one time only to mail the material submitted with this order.

Neither ACHA's name nor its logo will appear anywhere on the mail piece.

ACHA will supply labels in an electronic format, at the user's request subject to the following licensing conditions:

1. The license is for a single use, meaning that you will mail to the list one time only for a specific mailing.
2. The licensee agrees not to transfer the mailing list data nor disclose its contents to a third party except for a mailing/addressing services contractor.
3. The licensee will not duplicate the mailing list data nor use it to establish a new mailing list or supplement an existing list.
4. The licensee agrees that the mailing label data will not be sold or reproduced in any way.
5. The licensee agrees to destroy the mailing label data after the one time use.
6. The licensee acknowledges that any unauthorized use of the ACHA provided mailing list data will be considered a violation of the one-time use rental agreement and result in future disapproval of mailing label requests.

Signature/Date

Position Title