



## Request for Membership List

- All requests for mailing lists must be submitted in writing accompanied by a sample of the material for which they are to be used and can only be used on a one-time basis.
- Please allow at least one week to process your request once received at the MDA office.
- The Missouri Dental Association respects the privacy of its members and does **NOT** provide email addresses or fax numbers to outside organizations and individuals.

**Please send the completed request form, sample material and payment by mail, email or fax to:**

- MDA, Attn: Stacey Hemmel, 3340 American Ave, Jefferson City, MO 65109. Phone: 573-634-3436 Fax: 573-635-0764  
Email: [stacey@modentalmail.org](mailto:stacey@modentalmail.org)

**The MDA agrees to offer the mailing lists of the membership of the Association at the below cost:**

Requested By	Electronic list	Entire MDA Membership Electronic List (All 2200+ Members)
Member Dentist	\$.05 per name	\$100
Focus Magazine Advertiser	\$.10 per name	\$175
Non-Missouri Dental Societies	\$.10 per name	\$175
All Others	\$.20 per name	\$350
<b>Processing/Postage Fee</b>	<b>\$20</b>	<b>\$20</b>

Name of Purchaser: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**The above named individual/organization agrees to the following understandings regarding the MDA list use:**

- 1) The material being mailed will be sent to the MDA Executive Director for approval prior to the delivery of the list.
- 2) The list will be used only **ONCE** and that MDA reserves the right to bill for any additional use.
- 3) The list will only be used with the material pre-approved by the MDA.
- 4) The list will not be distributed to another individual or organization.

Signature of Authorized User: \_\_\_\_\_ Title: \_\_\_\_\_

Credit Card # (MC/Visa Only): \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVS#: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

<b>MDA USE ONLY</b>	CC Approval:
Approved:	Denied:
Prepared by:	Date Sent:

Lists can be generated and sorted in several ways. Please specify what fields your need so we may process your request. Lists are provided as a onetime use excel document.

Organization Name: \_\_\_\_\_ Date Requested: \_\_\_\_\_

**Please select the member classification:**

- All                       Active                       Retired

**Please select the information fields you want included (electronic document only):**

- All                       Name                       Address                       City                       State  
 Zip                       Office Phone                       Dental School                       Grad Year                       Practice Code

**Please select which Practice Codes you want included:**

- All                       General Prac                       Oral Surgery                       Endodontics                       Orthodontics  
 Pediatric                       Periodontics                       Prosthodontics                       Oral Pathology                       Public Health

**Please select the Component Societies you want included. [CLICK FOR MAP](#)**

- All                       Greater Kansas City                       Greater St Louis  
 Greater Springfield                       Central                       Northeast  
 Northwest                       Southeast                       Southwest

**Please select how you prefer the data sorted:**

- Alphabetically by Last Name                       Zip Code Order

**If other, please specify:** \_\_\_\_\_

**Specific Requests:** \_\_\_\_\_