



MAILING LIST REQUEST

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.

Requestor:

Name Call Sign: _____

Email: _____

Club (if applicable): _____

Who should the list include: (choose 1 or more)

- Full Members
- Clubs
- FCC Data Base (includes full members)
- Associate Members
- ARRL Instructors

What geographic area should the list cover: (choose only 1)

- ARRL Division(s): _____
- ARRL Section(s): _____
- State(s) or Province(s): _____
- List of Zips (Enter the list below): _____

File format:

- Download Excel
- Printed Labels (The cost of labels is dependent on the number of records, cost of postage and must be prepaid. You will be notified of the cost and instructions on how to prepay)

Purpose for which the request will be used: (choose only 1)

- Election Campaign
- Convention/Hamfest (Additional Information Below)
- Administrative (Office use only)
- Club Outreach
- Non-Commercial (Explain): _____

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 is available at www.arrl.org/affiliated-club-benefits under Mailing Lists. 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.

Signature: _____ Date: _____

Request for members in the following zip codes:

If additional are needed submit a complete list with the form.

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

Date of event: _____ Date needed: _____

Name of event: _____ City and state of event: _____

Questions may be addressed to the following at ARRL Headquarters:

Clubs: clubs@arrl.org | ARRL: (860) 594-0200

ARRL HQ USE ONLY (ALL ELECTRONIC DOWNLOAD WILL BE EMAIL)

Approved by CEO: _____ CFO: _____

DATE RECEIVED: _____ DATE SENT TO IT: _____

DEPT & INITIALS FROM: _____ COUNT OF RECORDS: _____