

Mailing List Request

UUA Data Services
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General Contact Information

Requestor's Name: _____
Organization: _____
Address: _____
Contact Info: Phone _____ Fax _____ Email _____
Billing Address (if different from Contact's Address): _____

Information on Data Request

Requested Deadline (5 day minimum): _____
Output Info: Sort Order: Name State/City Zip Other: _____
Fulfillment Type: Email Attachment Standard Mail (1st Class) Priority Mail (2-3 Business Days)
Email Address (if different from Contact's) _____
Shipping Address (if applicable): _____

Purpose/Use:

Agreement

1. We agree to a one-time use of provided data.
2. We will not use the provided data for fundraising purposes. [Check here if you are requesting permission to use the provided data for fundraising purposes.](#)
3. We will not sell, rent, or share the provided data.
4. [We will forward any USPS returned mail to the UUA for updates in the UUA database. Send returned mail to the address referenced in Item 7 below.](#)
5. We agree to pay [the fee of 10 cents per record](#), with a minimum charge of \$20.
6. We agree to pay the shipping cost of labels if applicable.
7. We will send one copy of the mailing or communication to the following address.

UUA
Office of Data Services/ER
25 Beacon Street
Boston, MA 02108

Or

Email: data_services@uua.org

8. We identify as one of the following:
 Member Congregation Independent Affiliate Organization
 District Related Organization
 Associate Member Organization

If we are not UU affiliated, we are sponsored by a UU congregation for the purpose of this data request (letter from sponsoring congregation **must be** included with this form).

Name and contact information of sponsoring congregation:

Required Signatures

Signature of Requestor: _____ Date of Request: _____
Signature of Sponsor: _____
Signature of UUA Treasurer: _____ Date of Approval: _____

UUA Data Services Office Use Only

Request# _____
Processor's Initials: _____
Date Completed: _____ Total Hours: _____
Total# of Records _____ x per record cost =
.....\$ _____
Postage Type _____
Postage Cost.....\$ _____
Post. Acct # _____
Total Invoiced.....\$ _____