

**INTENT OF USE
MAILING LIST PURCHASE FORM**

VENDOR NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

(Please type the email address)

Intent: _____

Check all that apply:

	<u>Fees</u>
<input type="checkbox"/> Social Work Mailing List (email delivery only)	100.00
<input type="checkbox"/> Marriage & Family Therapists Mailing List (email delivery only)	50.00

Total Cost: \$ _____

Please make the cashier's check or money order payable to: MBOESW/MFT (ALL FEES ARE NONREFUNDABLE)

Format requested: Word Comma Delimited Excel

The Board allows use of its mailing list for the sole purpose of informing licensees of continuing education offerings and training or job opportunities only. Continuing education offerings for social worker must be approved by ASWB or National Chapter of NASW, or the Board. Continuing education offerings for Marriage and Family Therapists must be approved by AAMFT or the MFT Continuing Education Committee of the MS Board of Examiners.

I fully agree with the above statement and I understand that the Board has to right to deny services if use is outside of the intent and purpose of this list.

Agency Head Signature: _____

Date: _____

Agency Head Name: _____

Printed or typed

Title