

**INTENT OF USE
MAILING LIST PURCHASE FORM**

VENDOR NAME _____

ADDRESS _____

PHONE NUMBER _____

EMAIL _____

(Please type or print the email address)

For what purpose are you requesting a mailing list of social worker or marriage and family therapists from the Mississippi Board of Examiners for Social Workers and Marriage and Family Therapists? Please note that 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.

Check all that applies:

	<u>Fees</u>
___ Social Work Mailing List (addresses only)	100.00
___ Marriage & Family Therapists Mailing List (addresses only)	50.00

Total Cost: \$ _____

Please make the business check, cashier's check or money order payable to: MBOE

Format: Microsoft Excel, Sent via Email

Agency Head Name and Title: _____
printed or typed

Agency Head Signature: _____

Date: _____