

Mississippi Board of Examiners for Social Workers & Marriage and Family Therapists
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**INTENT OF USE
MAILING LIST PURCHASE FORM**

VENDOR NAME : _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

(Please type 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?

Check all that applies:

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

Total Cost: \$ _____

Please make the cashier's check or money order payable to: MBOESW/MFT

Format: PowerPoint Excel 97

Media type: Email

Agency Head Name and Title: _____
printed or typed

Agency Head Signature: _____

Date: _____

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.