



Society of Louisiana CPAs

Mailing List Rental Agreement

Name of Mailing List Renter _____

Contact Person _____ LCPA Membership Number (if applicable) _____

Street Address _____ Email Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Description of List Needed _____

Description of Materials to be Mailed (Please attach a sample with this form) _____

Date List Needed (Allow 10 business days for processing) _____

Selection Criteria Labels are provided via email in a comma delimited format only. Email addresses are not available.

All LCPA Members (approximately 6200+) **LCPA Members in Louisiana only**

Public Firm Addresses (firm name and address; no specific contact name)

By Position (please check all that apply)

- Administrator Attorney CEO CFO Chief Administrative Officer
- Controller Dean Department Head Instructor Manager
- Non-Public Staff Officer Owner Partner/Shareholder Professor
- Public Accounting Firm Staff Sole Practitioner

By LCPA Chapter

- Acadiana (zip codes starting with 705) Baton Rouge (zip codes starting with 707-708)
- Central LA (zip codes starting with 713-714) Lake Charles (zip codes starting with 706)
- New Orleans (zip codes starting with 700-701) Northeast (zip codes starting with 712)
- Northshore (zip codes starting with 704) Shreveport (zip codes starting with 710-711)
- South Central (zip codes starting with 703) Out of State

Mailing List Pricing (Prices are based on one-time use only)

LCPA Member Price – 20¢ per address LCPA Non-Member Price – 30¢ per address

Overriding Minimum – \$125.00

Signature below indicates complete acceptance of the Mailing List Rental Terms and Conditions printed on the reverse side of this Agreement.

Signature _____ **Date** _____

TOTAL COST \$ _____ *(Louisiana sales tax applies)*

Mailing List Rental Terms and Conditions

1. The mailing list renter agrees that the mailing list(s) purchased from the LCPA will be for one-time use only.
2. The mailing list renter agrees that in utilizing the LCPA membership list, he will not disclose, transfer, duplicate, reproduce, or retain any portion of the list in any form whatsoever. User follow-up to a response to a mailing is not a prohibited use.
3. The mailing list renter agrees that the LCPA will have the right to monitor the use of the membership list.
4. The mailing list renter agrees that at least 10 days prior to receiving the membership list from the LCPA, he will forward to the LCPA copies of all materials, which will be mailed to the names on the obtained mailing list. The LCPA has the absolute right to deny rental of the list based on a review of the materials to be distributed to the names on the list. The LCPA may not be cited in any promotional materials.
5. The LCPA reserves the right to refuse sale of mailing list(s) for the purpose of promoting any non-LCPA sponsored Continuing Professional Education (CPE) programs, products and/or services in direct competition with LCPA programs, products and/or services
6. Payment must accompany a completed Mailing List Rental Agreement prior to receiving requested mailing list.
7. The list may not be used in connection with any communication which, in the opinion of the LCPA, would tend to mislead, misinform or deceive, or which is distasteful in content or presentation.
8. The mailing list renter shall indemnify and hold the LCPA harmless against all claims, damages, costs, expenses, including attorney's fees, arising out of the use of the list, including claims for infringement of copyright, trademark, or tradename, defamation, and misappropriation of propriety rights.
9. The LCPA assumes no responsibility whatsoever for damages incurred, including those resulting in delays, accuracy or liable count.
10. For any breach of this Agreement, the mailing list renter shall be liable to the LCPA for all damages, including reasonable attorney's fees, costs, and expenses, including expenses incurred in investigation, and loss of income. Failure to comply with proper use of mailing lists will result in a person/company's exclusion from future purchase of mailing lists.

THIS CONTRACT HAS BEEN APPROVED BY

X _____ Print Name _____ Date _____

Signature of Purchaser or Authorized Agent

Special Instructions _____

PAYMENT INFORMATION

Total Amount \$ _____

Check Enclosed ____ Visa ____ MasterCard ____ Discover ____ American Express ____

Credit Card # _____

Expiration Date ____/____ CVS# _____

Cardholder's Name as Printed on Card: _____

Billing Address _____ City _____ State _____ Zip _____

Sign and return completed contract to: Ann Lupo, Society of Louisiana CPAs

2400 Veterans Memorial Blvd., Suite 500, Kenner, LA 70062-4739

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