Text

Description automatically generated

**MAILING LIST REQUEST**

Please complete the mailing list form, including payment information, and return to Kelly Sicard by email at [Kelly.sicard@labswe.org](mailto:Kelly.sicard@labswe.org), by mail, or by fax at 225-756-3472. The list will only include names and addresses. A disclaimer will be emailed to you once the completed form is received. The disclaimer will include both the price of your requested list and the number of licenses the price covers. Once the completed disclaimer is returned via email, mail, or fax, the list will be emailed to you as an excel spreadsheet. This list is for a one-time usage only. Processing time is between 3 – 5 business days.

|  |  |
| --- | --- |
| **Requestor’s Name** |  |
| **Company Name** |  |
| **Address** |  |
| **City, State, Zip** |  |
| **Contact Number** |  |
| **Fax Number** |  |
| **Email Address** |  |

License Type Requested (Active licenses only)

\_\_ All categories

\_\_ LCSW-BACS

\_\_ LCSW

\_\_ LMSW

\_\_ CSW

\_\_ RSW

Zip Codes Requested

\_\_ All zip codes

\_\_ Louisiana zip codes only

\_\_ Specific zip code area(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment is $0.05 per licensee and may be made by credit card, money order, or cashier’s check. There is an additional $3.00 processing fee for credit card

|  |  |
| --- | --- |
| **Name on Card** |  |
| **Card Type (visa, mastercard, discover)** |  |
| **Card Number** |  |
| **Expiration Date** |  |
| **3-digit Security Code** |  |
| **Zip Code associated with card** |  |

OFFICE USE ONLY

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