

FCBA MEMBERSHIP LABELS *Order Form*

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Signature (required) _____

Name _____ Organization _____

Address _____

City/State/Zip _____ Suite/Room/Apt. _____

Phone _____ Fax _____ E-mail _____

LABEL FORMAT:

Electronic

ZIP CODE ORDER:

Yes No

COMPOSITION OF LABELS:

Do you want Law Student members included?

Yes No

Do you want Retired members included?

Yes No

Please indicate any other special requests _____

\$ _____ Total Enclosed Visa MasterCard American Express

Credit card no. _____ Exp. date _____

Cardholder Name _____ Signature _____

**PLEASE SEND THIS FORM, A SAMPLE OF THE MAILING AND A CHECK MADE PAYABLE TO THE "FCBA" TO:
(Please include 5.75% Sales Tax for labels sent to DC addresses)**

Federal Communications Bar Association
1020 19th Street, NW
Suite 325
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Phone: (202) 293-4000
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**PLEASE REMEMBER TO INCLUDE A SAMPLE OF THE MAILING WITH
YOUR ORDER. PAYMENT MUST BE RECEIVED IN ADVANCE. PLEASE
ALLOW 3 TO 6 DAYS FOR YOUR ORDER TO BE PROCESSED.**