



# APMA Member List Rental Agreement and Order Form

The American Podiatric Medical Association (APMA) member mailing list is available for rental under limited circumstances per the following policies. Data is provided in electronic format to include member name and mailing address, only. Phone number, email address, and other demographic information are not provided. List is available in full (roughly 12K records), as practicing DPMs, only (roughly 8K), or segments if available. Please complete the form below and return to APMA along with a sample mail piece and payment.

## Policy and Agreements

### Data Selection and Format

1. Mailing list rentals include member name and preferred mailing address, only.
2. Customized demographic data and other information can be filtered by numerous criteria upon request.
3. Electronically produced and transmitted data of names and mailing addresses of DPMs.
4. APMA does not sell or release telephone numbers or email addresses.
5. APMA does not provide raw data in any format other than that described above.

### User Agreements

1. All data are protected information and are the property of APMA.
2. All data are considered permanently protected information and may not be duplicated, transferred to other media forms, or sold.
3. Data may be used only for the purpose for which they were requested.
4. Data rental is for one-time use only unless otherwise authorized by APMA. (Repeat use for any reason requires the User to submit a new request.)

5. As liquidated damages and not as a penalty, payment of a sum equal to twice the original fee will be assessed for each unauthorized use of the data.
6. To warrant and agree that any use by the User of the data will be in full compliance with all applicable laws and regulations. The User agrees to indemnify and hold harmless APMA from all claims, liabilities, damages, assessments, penalties, and other costs, including but not limited to attorney's fees that APMA may incur as a result of any breach by the User of this warranty.
7. Requests for data must be accompanied by a complete description, including samples, of the intended use and planned dissemination of the information; and a description of any manipulation, analysis, or research that will be conducted using the data.
8. Payment in full must be received prior to any release of data.
9. APMA reserves the right to request additional information from renters of APMA data.
10. APMA reserves the right to refuse to rent data in part or in whole without cause to any person or organization.
11. The APMA Executive Director shall make the final decision in any matter concerning the rental of data.

## Rental Category and Rate

APMA Member .....	\$1,500 for all or part of list
APMA Component Organization.....	\$1,500 for all or part of list
APMA Affiliated or Related Organization .....	\$1,500 for all or part of list
APMA Corporate Partner – 100K+ Donor .....	1x/year free and \$1,000 per rental thereafter
APMA Corporate Partner – 25-99K Donor.....	1x/year at \$1,000 for all or part of list
APMA Corporate Partner – 5K-\$24,999 Donor.....	1x/year at \$1,250 for all or part of list
APMA Corporate Partner – 2.5K-\$4,999 Donor.....	1x/year at \$1,500 for all or part of list
APMA Seal Holding Company discounted rate* .....	\$1,500 for all or part of the list
NGO or Other Non-Profit .....	\$3,000 for all or part of the list
Non-Members and other For-Profit Entities.....	\$3,000 for all or part of the list

*\*Seal Holding Companies may rent the list at the discounted rate ONLY for promotion to APMA members offering a discount of at least 25% on a professional purchase. Rental for other purposes will be charged the for-profit rate.*

## List Selection Criteria

Full List (roughly 12,000 records including residents, active, life, and senior members)

Practicing DPMs (roughly 8,000 records of DPMs in practice)

Other Criteria (an APMA staff member will contact you for details)

## Data Use Agreement

*The undersigned acknowledges authority to bind client to the above stated conditions:*

Name

Date

Signature

Company

Email

Phone

Intended Use of Data

## Payment Details

Check (U.S. dollars in the amount above, payable to American Podiatric Medical Association)

Credit Card (check one)      Visa      Mastercard      AMEX      Discover

Card Number

Expiration Date

Security Code

Cardholder's Name

Cardholder's Signature

*By signing above, you agree to allow APMA to charge this card in the amount indicated per "Rental Category and Rate" selection on reverse.*

**Thank you for your order!** Please allow 3-5 business days for your order to be fulfilled. The roster will be sent to the contact person at the email address noted above. Contact APMA by phone or email (below) with any questions.

**Return completed form with payment and sample mail piece to APMA.**

American Podiatric Medical Association

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