

IEA-NEA OUTPUT REQUEST

Request Date: _____ Billable Party ID # _____

Due Date: _____ (Please allow at least 2 weeks from the date we receive.)

Requestor: _____

Local: _____

Mail to Address: _____

Address

City, State Zip Code

E-mail Address: _____

Telephone #: _____

Number of Copies: _____

Mailing Labels - 3 Across Laser

Basic Membership Roster

Membership Obligation Roster

Special Request _____

Sort Order:

Alphabetic Order

Zip Code Order

Alphabetic through Work Building Location within Employer

Other: *Specify* _____

Request Reason:

Local Association Mailing

School Board Referendum

State Legislative Election

School Board Election

National Legislative Election

Other _____

800/252-8076

Fax 217/391-2651