

# AEJMC MAILING LABEL LIST RENTAL RATES

\*Membership numbers are subject to change often, these are approximate figures. Check all that apply. Fax orders to (803) 772-3509 or email Pamella Price aejmcmembersub@aol.com. **Please allow up to 7 to 10 days for processing.**

	*Approx. No.	COST
_____ AEJMC Membership List (Journalism faculty, etc.)	3,490	\$300.00
_____ ASJMC Membership List (Heads of Schools of Journalism)	140	150.00
_____ All ASJMC and Non-ASJMC Memberships List	482	200.00
_____ Council of Affiliates of AEJMC	28	85.00

## DIVISIONS OF AEJMC (\$85 each)

\_\_\_\_\_ **purge duplicates (if more than one group ordered in the same request); or** \_\_\_\_\_ **run each group separately**  
**(Divisions and Interest Groups cannot be merged)**

_____ Advertising	211	_____ Magazine Media	81
_____ Comm Science, Health, Environ & Risk	241	_____ Mass Comm & Society	514
_____ Comm Technology	134	_____ Media Ethics	212
_____ Comm Theory & Methodology	172	_____ Media Mgmt Econs & Entrepreneurship	174
_____ Cultural & Critical Studies	160	_____ Minorities & Communication	173
_____ Electronic News (formally RTVJ)	131	_____ Newspaper & Online News	384
_____ History	289	_____ Public Relations	434
_____ International Communication	247	_____ Scholastic Journalism	96
_____ Law & Policy	220	_____ Visual Communication	159

## INTEREST GROUPS/COMMISSIONS (\$85 each)

_____ Community Journalism	85	_____ Political Communication	193
_____ Entertainment Studies	62	_____ Religion and Media	84
_____ LGBTQ (Lesbian, Gay, Bisexual...)	69	_____ Small Programs	113
_____ Graduate Student	78	_____ Sports Communication	141
_____ Internships & Careers	94	_____ Status of Minorities	88
_____ Participatory Journalism	70	_____ Status of Women	200

Label Types: 3-up Pressure Sensitive (Peel-off): \_\_\_\_\_ 4-up Cheshire (Paper Form): \_\_\_\_\_ Print-out List: \_\_\_\_\_  
 Zip Order: \_\_\_\_\_ Alpha Order: \_\_\_\_\_ US: \_\_\_\_\_ International: \_\_\_\_\_ Both: \_\_\_\_\_  
 Date Ordered: \_\_\_\_\_ Date Filled: \_\_\_\_\_ Need By: \_\_\_\_\_

**Payment Method:** Bill Card Below: \_\_\_\_\_ Payment Enclosed: \_\_\_\_\_

American Express: \_\_\_\_\_ Discover: \_\_\_\_\_

MasterCard: \_\_\_\_\_ VISA: \_\_\_\_\_ Security Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_ Billing Zip + 4: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Name/Sig: \_\_\_\_\_

Mail Street Address (if different from billing): \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

Attention: \_\_\_\_\_ Email: \_\_\_\_\_