



Mailing Labels Policy and Procedure

POLICY:

Executive Staff of the Medical Society is authorized by the Board of Directors through this policy to rent membership mailing labels or envelopes to individuals and organizations on a one time use, case-by-case basis.

GUIDELINES:

- All renters of SJCMS lists shall give a 48-hour prior notice for mailing list(s) processing.
- Renters shall sign and agree to the conditions of rental as contained under the rental agreement section of this policy.
- Staff shall not knowingly rent lists for the use by organizations or individuals who are engaged in illegal, mischievous, slanderous or unethical activities or businesses.
- Renters must provide a copy of all materials or communications to be mailed to the SJCMS membership for review and approval by staff prior to releasing labels or pre-addressed envelopes.
- The Medical Society cannot allow its letterhead, logo or name to be used without expressed approval of the Board except for membership announcement services provided by the Medical Society to its members.
- Rental is permitted for the advertisement of products or services pertinent to
 - a) the practice of medicine
 - b) medical education
 - c) health care delivery or
 - d) consumer products and services of interest to physicians and their families.
- Rental is permitted for physician candidate support committees.
- Rental is not permitted for the advertisement of alcoholic beverages and tobacco products.

RESPONSIBILITIES:

- Staff shall maintain a file of all requests accompanied by a sample of the item(s) to be mailed, and a file of all denied requests accompanied by a sample of the item(s) that were to be mailed.
- Those denied the privilege of making list rentals may appeal the decision of the Executive staff through the SJCMS Executive Committee and Board of Directors.
- Staff shall establish mechanisms to monitor for rental offenders.

San Joaquin Medical Society

3031 W. March Lane, Suite 222W, Stockton, CA 95219

Phone 209- 952-5299 Fax 209-952-5298

MAILING LIST RENTAL Application and Agreement

Renter Info:

Name: _____

Business Name: _____

Business Address: _____

Phone: _____ Fax: _____

Payer: _____

Label Lists (✓ all that apply):

- [] 1. **SJCMS Practicing Physicians List** [] Alphabetical Order [] Zip Code Order
SJCMS Members pay \$30/set Non-SJCMS Members pay \$50/set
- [] 1A. **SJCMS Retired Physicians List** (Only With the Above Order - at no additional cost)
- [] 2. **SJCMS Non-Member Physicians List** [] Alphabetical Order [] Zip Code Order
SJCMS Members pay \$30/set Non-SJCMS Members pay \$50/set
- [] 3. **Master List** (Includes List #1 and #2) [] Alphabetical Order [] Zip Code Order
SJCMS Members pay \$50/set Non-SJCMS Members pay \$70/set
- [] 4. **Special Request** (See Attachment) [] Alphabetical Order [] Zip Code Order
SJCMS Members pay \$40 per set per member type
Non-SJCMS Members pay \$60 per set per member type
Specified By SJCMS-Member Type (✓ one): [] Members [] Non-Members*
** An additional \$10 will be added for both Member Types*

Specified By City(s): _____

Specified By Specialty (Refer to Next Page): _____

Other Specification(s): _____

PLEASE READ AND SIGN

WITHOUT EXCEPTION: All requests **must** include a program brochure or draft copy of material to be mailed. **Payment is due** with this application. I understand that all lists rented from the San Joaquin Medical Society are for one-time use only and will be used only for the purpose described in the attached letter of policy.

Signature: _____ Title: _____

Date: _____

SPECIALTIES LIST

CHECK ALL THAT APPLY

(For Special Request of Label List #4 Only)

- | | |
|--|--|
| <input type="checkbox"/> ADDICTION MEDICINE | <input type="checkbox"/> ORTHOPEDICS |
| <input type="checkbox"/> ADMINISTRATIVE MEDICINE | <input type="checkbox"/> OTOLARYNGOLOGY |
| <input type="checkbox"/> ADOLESCENT MEDICINE | <input type="checkbox"/> OTOLOGY |
| <input type="checkbox"/> ALLERGY-IMMUNOLOGY | <input type="checkbox"/> PATHOLOGY |
| <input type="checkbox"/> ANESTHESIOLOGY | <input type="checkbox"/> PHYSICAL MED. & REHAB. |
| <input type="checkbox"/> CARDIOLOGY, PEDIATRIC | <input type="checkbox"/> PUBLIC HEALTH/PREVENT. MED. |
| <input type="checkbox"/> CARDIOVASCULAR | <input type="checkbox"/> PULMONARY, CRIT. CARE MED. |
| <input type="checkbox"/> CARDIOVASCULAR DISEASE | <input type="checkbox"/> PULMONARY DISEASES |
| <input type="checkbox"/> DERMATOLOGY | <input type="checkbox"/> PSYCHIATRY |
| <input type="checkbox"/> EMERGENCY MEDICINE | <input type="checkbox"/> RADIOLOGY |
| <input type="checkbox"/> ENDOCRINOLOGY/DIABETES | <input type="checkbox"/> RADIOLOGY, DIAGNOSTIC |
| <input type="checkbox"/> ENDOCRINOLOGY, REPRODUCTIVE | <input type="checkbox"/> RESPIRATORY CARE |
| <input type="checkbox"/> FAMILY PRACTICE | <input type="checkbox"/> RHEUMATOLOGY |
| <input type="checkbox"/> GASTROENTEROLOGY | <input type="checkbox"/> SLEEP MEDICINE |
| <input type="checkbox"/> GENERAL PRACTICE | <input type="checkbox"/> SPORTS MEDICINE |
| <input type="checkbox"/> GENERAL PREVENTIVE MEDICINE | <input type="checkbox"/> SURGERY, ASSIST |
| <input type="checkbox"/> GERIATRIC MEDICINE | <input type="checkbox"/> SURGERY, CARDIOTHORACIC |
| <input type="checkbox"/> GYNECOLOGY | <input type="checkbox"/> SURGERY, CARDIOVASCULAR |
| <input type="checkbox"/> HEMATOLOGY | <input type="checkbox"/> SURGERY, COLON & RECTAL |
| <input type="checkbox"/> HEMATOLOGY/ONCOLOGY | <input type="checkbox"/> SURGERY, GENERAL |
| <input type="checkbox"/> INFECTIOUS DISEASE | <input type="checkbox"/> SURGERY, GENERAL VASCULAR |
| <input type="checkbox"/> INTERNAL MEDICINE | <input type="checkbox"/> SURGERY, HAND |
| <input type="checkbox"/> NEONATAL-PERINATAL MEDICINE | <input type="checkbox"/> SURGERY, HEAD AND NECK |
| <input type="checkbox"/> NEPHROLOGY | <input type="checkbox"/> SURGERY, NEUROLOGICAL |
| <input type="checkbox"/> NEUROLOGY | <input type="checkbox"/> SURGERY, ORAL & MAXILLOFACIAL |
| <input type="checkbox"/> NUCLEAR MEDICINE | <input type="checkbox"/> SURGERY, ORTHOPEDIC |
| <input type="checkbox"/> OBSTETRICS & GYNECOLOGY | <input type="checkbox"/> SURGERY, PLASTIC |
| <input type="checkbox"/> OCCUPATIONAL MEDICINE | <input type="checkbox"/> SURGERY, PLASTIC & RECONSTRUCT. |
| <input type="checkbox"/> ONCOLOGY, GYNECOLOGY | <input type="checkbox"/> SURGERY, THORACIC |
| <input type="checkbox"/> ONCOLOGY, RADIATION | <input type="checkbox"/> UROLOGY |
| <input type="checkbox"/> OPHTHALMOLOGY | |