



State Bar Association
of North Dakota

State Bar Association of North Dakota Mailing List Use Agreement

Dated this _____ day of _____, the State Bar Association of North Dakota (SBAND) and _____ (Organization) hereby agrees to the terms and use of SBAND mailing labels.

1. The Organization agrees to pre-pay \$250 for a one-time use of the SBAND mailing labels. If the Organization agrees to purchase a partial list, a fee of \$.25 per label shall be prepaid to SBAND
2. The Organization shall submit for SBAND's review prior to receipt of the mailing labels a copy of the information which the Organization would like to mail to the SBAND membership. SBAND has complete and final authority in determining whether it will sell the mailing labels to the Organization. SBAND, through its sole discretion, may decline to approve any part or all of the materials presented. The Organization agrees that use of any material not preapproved by SBAND is a breach of this agreement.
3. SBAND mailing labels **may not** be used in connection with any communication which in the sole opinion of SBAND appears to be deceptive or misleading or which may be unacceptable in content or presentation.
4. The mailing labels are for the **single** and **exclusive** purpose agreed upon by the parties as evidenced by the sample of information furnished pursuant to paragraph 2.
5. The Organization shall not **duplicate, copy, store or retain** the information from the mailing labels for use other than the single mailing agreed to herein.
6. Breach of this agreement will subject the Organization to liability for all damages plus reasonable attorney fees, court costs and expenses including expenses incurred in investigation and loss of income.

7. Precise description of list requested:

Estimated date of mailing: _____

8. Organization Name: _____

Mailing Address: _____

By: _____
(PRINT LEGIBLY)

Title: _____

Signature: _____

By: _____
William A. Neumann
Executive Director

METHOD OF PAYMENT

____ Check made payable to SBAND
____ Credit Card ____ Visa ____ MasterCard
Card # _____ Exp. Date _____
Signature _____

SBAND
P.O. Box 2136
Bismarck, ND 58502

Please return the signed agreement, information to be mailed, and payment to the above listed address.