



Association for Clinical Pastoral Education

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## LIST AND LABEL REQUEST FORM

Member Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Email: \_\_\_\_\_

### GUIDELINES FOR ORDERING ACPE LISTS AND LABELS:

ACPE Members can order Mailing Labels and Lists. The cost is 15 cents each for pre-printed "sticky" labels, or 12 cents each for lists or labels that are sent via e-mail. The cost is the same for either a group of Mailing Addresses or e-mail addresses. Electronic lists are sold for **one-time use**.

Lists and Labels are available to **Non-Members** on a case by case basis.  
The content of the mailing must be pre-approved by the ACPE Executive Director.  
Non-Members please send sample of mailing with request.

ACPE Office Use Only	
Date Received:	_____
Date Sent:	_____

***Mailing lists can be tailored to your specific needs.***

<b>Format Requested:</b>	<b>Sort my list:</b>
_____ Pre-printed "sticky" Mailing labels (15 cents each)	_____ Alphabetically
_____ <b>Send me an electronic list:</b> (all 12 cents each)	_____ In Zip Code Order
_____ E-mail addresses	_____ Doesn't Matter
_____ Mailing labels in Microsoft Word	
_____ Mailing list in Microsoft Excel	

\_\_\_\_\_ **I am requesting entire Mailing List (approximately 2200 names) or:**

\_\_\_\_\_ **Narrow my list geographically:**

\_\_\_\_\_ Specific Region(s) only: \_\_\_\_\_

\_\_\_\_\_ Specific State(s) only: \_\_\_\_\_

\_\_\_\_\_ U.S. Members only (exclude foreign addresses)

\_\_\_\_\_ **Narrow my list by ACPE Membership type:**

*Exact Numbers do fluctuate!*

**APPROXIMATE  
NUMBERS:**

_____ CPE Supervisors	555
_____ Associate Supervisors	50
_____ Retired Active Supervisors (doing Supervision)	80
_____ Retired Inactive Supervisors (not doing Supervision)	215
_____ Supervisors on Leave (not doing Supervision)	15
_____ Supervisory Candidates	100
_____ Clinical Members	535
_____ Seminary Representatives	115
_____ International Affiliates	5
_____ Denomination/Faith Group/Agency Members	25
_____ Student Affiliates	330
_____ Individual and Retired Members	175

\_\_\_\_\_ The following will be addressed to a Department, not an Individual:

\_\_\_\_\_ All Center types (Main location): 300  
*includes Accredited Centers, Candidacy Ctrs, Cluster Ctrs, Systems*

\_\_\_\_\_ Add additional Satellites and System Sites (All locations): 390

\_\_\_\_\_ **Narrow my list by other criteria,** such as Gender or

\_\_\_\_\_ Denomination:

\_\_\_\_\_ Please specify: \_\_\_\_\_

**Payment Information** – Because Membership counts fluctuate, you will be contacted with the exact amount of your invoice. The ACPE accepts cash, checks, or credit cards as payment.