

# Evangelical Theological Society

**OFFICE**  
2825 Lexington Rd., Box 927  
Louisville, KY 40280-0001

**PHONE**  
502-897-4388

**FAX**  
502-897-4386

## Mail List Request Form

Please submit your completed order form, payment, and sample mailing piece to the address at left. Please allow at least 5 business for processing your order.

ETS reserves the right to reject requests that are out of harmony with the purpose and doctrinal basis of the Society.

<p><b>Rental Agreement</b> ETS mail list rentals are for one time use only. By signing this agreement and submitting payment, the renter acknowledges and agrees that the list is for one-time use and that the list may not be sold, reused, or shared.</p> <p><b>AUTHORIZED SIGNATURE:</b> _____ <b>DATE:</b> _____</p>
---

**ORDER DATE:** \_\_\_\_\_ **COMPANY/INSTITUTION:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

Please check the requested order

EMAIL ORDER OPTIONS	PRICE
<input type="checkbox"/> All ETS Members (Domestic and International - all levels)	\$ 450.00
ETS Membership Segment	
<input type="checkbox"/> Domestic Members (all levels)	\$ 350.00
<input type="checkbox"/> Domestic and Canadian Members (all levels)	\$ 350.00
<input type="checkbox"/> International Members (all levels)	\$ 350.00
<input type="checkbox"/> Student Members (Domestic)	\$ 350.00
<input type="checkbox"/> Full and Associate Members (Domestic)	\$ 350.00
<input type="checkbox"/> Custom Segments	\$ 400.00

Please contact [director@etsjets.org](mailto:director@etsjets.org) for custom requests

### Method of Payment

Check (enclosed). Make payable to Evangelical Theological Society

Visa  Mastercard  Discover  AMEX

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_