

Mailing List Use Agreement

I understand and agree that

1. I am a current Kripalu Yoga and Ayurveda Association (KYAA) member.
2. I am a certified Kripalu Yoga teacher or Ayurvedic Health Counselor, and I must state so in the mailing I am sending out.
3. My mailing must include an offering for a Kripalu Yoga or Ayurveda class, workshop, or consultation that is not in direct competition with offerings at Kripalu Center for Yoga & Health. I cannot promote other teacher trainings or exclusively other styles of yoga or modalities, but I can promote a combination of offerings that include Kripalu Yoga or Ayurvedic classes or consultations.
4. The KYAA office must approve a copy of the mailing to be sent out before processing of the label request.
5. The Mailing List labels provided by Kripalu and KYAA are solely for a one-time mailing of the piece submitted for approval.
6. I will not loan, sell, distribute, copy, or retain said list in my records or database.

Name (Print)

Name (Signature)

Date

We are pleased to support your teaching endeavors and appreciate your support of Kripalu. Please distribute the Kripalu catalog to your students. If you would like to be a bulk distributor, please e-mail us at request@kripalu.org.

Please retain a copy of this agreement for your records.

Mailing List Request and Order Form

The following information will help us determine whether we can offer use of our mailing list to you. Please allow one week for response. Payment by check, credit card, or debit card is due before labels are sent.

Name: _____

Phone: _____

Shipping address: _____

E-mail: _____

Describe the purpose and /or desired results of your mailing. Include a copy of the piece with this application. _____

To decide how many labels you need for your mailing, consider costs of design, paper, and printing of your mail piece; envelopes if needed; collating, folding, stuffing envelopes; labeling and mailing fee, and postage. There is no shipping charge for our labels. Labels are peel and stick and come sorted by ZIP.

Number of Labels: 1,000 2,000 5,000 Other: _____ (must be increments of 1,000)

Calculate your cost by multiplying the number of 1,000-label bundles you are requesting by \$50. For example, 2,000 labels = 2 x \$50 = \$100 total price (in US dollars).

Date labels are needed: _____

Note This date should be as close to your anticipated mailing date as possible in order to insure the most up-to-date information, but please allow at least two weeks for processing.

Selection Criteria

Enter ZIP codes or ZIP prefix (first three digits of a ZIP code) for the area you wish to select. We will do an initial selection based on your selections to see how many names are generated. We may add or delete ZIP codes, depending on how many names are generated, to get the number of labels requested.

Please list ZIP codes in order of preference: _____

We exclude from all mailings those who have requested to receive no mailings, Kripalu staff and residents, deceased, bad addresses, and names that have been removed from our lists.

Payment Information

Enclosed is my check payable to Kripalu. (We can only accept checks that are drawn on US banks.)

Please charge my American Express Discover MasterCard Visa

Name on card: _____

Card number: _____

Expiration date: _____

Signature: _____

Date: _____

Mail this information and a copy of your mailing piece to: KYAA Label Request
Kripalu Center for Yoga & Health
PO Box 309
Stockbridge, MA 01262