

Primary Name

DMAChoice Registration Form for Mailing Preferences

If you want to reduce the amount of unsolicited national advertising mail you receive at home, you may register with DMAChoice™ by mailing this form to the address below. Please include \$3 for each completed form -- check or money order payable to DMA. Please do not send cash.

DMAChoice DMA PO Box 900 Cos Cob, CT 06807

No Certified or Registered Mail

Please allow 60 - 90 days after registration to begin receiving less mail.

This form allows you to enter up to three individuals at the same address (or three variations of your name at the same address). For separate addresses, please use separate forms.

First: _____ Last: _____

Secondary Names	First:	Last:
	First:	Last:
Address	Street:	
	City/State/Zip code:	
of removing your nar advertising mail sent organizations with w DMAChoice; therefo organizations and po	me and home address from their ma to a business address.) You will con hich you already do business. Plea re, you may continue to receive som olitical organizations.	se note that not all organizations use ne mailings, including from local
Signature:		
Email address:		

Providing your email address will allow us to contact you when your ten-year registration period expires.