

# ORDER FORM FOR OAC MATERIALS



OAC resources are available at no charge for up to 5 copies each. Pricing applies for orders greater than 5. If you're a current paid OAC member, one of your many membership benefits is the ability to request materials at any quantity. If you would like to receive more than 5 copies, we invite you to **BECOME AN OAC MEMBER TODAY!**

To place an order for up to 5 pieces, complete the below form. OAC members can use this form to place an order. If you do not wish to become a member and would like to place an order for more than 5 copies, contact the OAC National Office for a Bulk Request Order Form or visit the OAC Web site. Allow 2-3 weeks for your order to be sent.

RESOURCE:	QUANTITY:
OAC Introductory Informational Postcard	_____ (no limit)
OAC Membership Informational Postcard	_____ (no limit)
<i>Your Weight Matters Magazine</i> - OAC's Quarterly Publication	_____ (limit of 5)
OAC Insurance Guide: <i>Working with Your Insurance Provider</i>	_____ (limit of 5)
BMI Chart	_____ (limit of 5)
<i>Understanding Obesity Brochure</i>	_____ (limit of 5)
<i>Understanding Childhood Obesity Brochure</i>	_____ (limit of 5)
<i>Understanding Morbid Obesity Brochure</i>	_____ (limit of 5)
<i>Understanding Obesity Stigma Brochure</i>	_____ (limit of 5)
<i>Understanding Obesity Poster (18 x 24)</i>	_____ (limit of 5)
<i>Understanding Childhood Obesity Poster (18 x 24)</i>	_____ (limit of 5)

**SHIPPING ADDRESS** (No PO boxes, please):

Name: \_\_\_\_\_ Company: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## OAC MEMBERSHIP (Optional- Great way to have access to bulk materials)

<p>YES, I would like to continue ordering materials and become a member! I would like to join as a/an:</p> <p><input type="checkbox"/> Individual Member \$20</p> <p><input type="checkbox"/> Professional Member \$50</p> <p><input type="checkbox"/> Physician Member \$150</p> <p><input type="checkbox"/> Institutional Member* \$500</p> <p><input type="checkbox"/> Chairman's Council Member* \$1,000 and up</p>	<p><b>Payment Information:</b></p> <p>Enclosed is my check made payable to the OAC for \$_____.</p> <p>Please charge my credit card in the amount of \$_____.</p> <p><input type="checkbox"/> Visa® <input type="checkbox"/> MasterCard® <input type="checkbox"/> Discover® <input type="checkbox"/> Amex®</p> <p>Credit Card #: _____</p> <p>Exp. Date: _____ Billing Zip Code: _____</p>
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\* These membership levels have exclusive benefits.

Please return completed form to: OAC  
4511 North Himes Ave., Suite 250  
Tampa, FL 33614

Fax to: (813) 873-7838  
For questions, please contact us at (800) 717-3117  
or [info@obesityaction.org](mailto:info@obesityaction.org).