

REQUEST FOR MN BOARD OF MFT MAILING LIST

FEE: \$60.00

1. **Complete** this form and submit it to the Board of Marriage and Family Therapy at the address printed above.
2. **Include** a check in the amount of \$60.00 payable to "MN Board of MFT." Requests will be processed within 15 business days.
3. **Mailing list** will be sent electronically as an Excel spreadsheet to the email address provided.

Note: This list will include public addresses of all LMFT and LAMFT licensees currently on file with the Board. It will not include licensee email addresses. Email addresses are not available for purchase.

NAME:		
BUSINESS NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE:	EMAIL:	

Office Use Only: Check #: _____ Amount: _____ Deposit #: _____