



## Information Products and Services 2019

Name	Title
Organization	Address
City, Province, Postal Code	Email
Phone	Fax

**AMO Municipal Member**  
  **AMO Supporter**  
  **Non-Member / Non-Supporter**  
 Inquiries – Tel: 416.971.9856 Ext. 321 or 322 Email: [amo@amo.on.ca](mailto:amo@amo.on.ca)

PRODUCT or SERVICE	DESCRIPTION	PRICE AMO Member	PRICE AMO Supporter	PRICE Non-Member Non-Supporter	QT Y	AMOUNT
<b>Mailing Labels</b>	Hardcopy 3-up	\$260	\$330	\$370		\$
<b>Mail List Standard</b>	Municipality, Address, Phone, Fax (MS Excel)	\$520	\$620	\$670		\$
<b>Mail List Nonstandard</b>	Municipality, Address, Phone, Fax, Email, Municipal URL (MS Excel)	\$710	\$840	\$1000		\$
<b>Mail List Enhanced: CAOS/Clerks, Heads of Council, <u>OR</u> Treasurers</b>	Name, Title, Municipality, Address, Phone, Fax, Email (MS Excel)	\$800	\$1010	\$1300		\$
<b>Mail List All Elected Officials</b>	Name, Title, Municipality, Address, Phone, Fax, Email (MS Excel)	\$1410	\$1660	\$2000		\$
<b>Mail List Custom</b>	Records selected by parameters such as population range, geographic area, etc. (MS Excel)	\$1.00 per rec. \$200 minimum	\$1.70 per rec. \$400 minimum	\$2.00 per rec. \$600 minimum		\$
<b>AMO Policy Report</b>	Contact <a href="mailto:amo@amo.on.ca">amo@amo.on.ca</a> Year:                      No.:	\$40	\$45	\$55		\$
<b>Job Ad</b>	Listed on AMO <a href="#">website</a> and <a href="#">WatchFile</a> (one revision permitted)	\$250	\$320	\$370		\$
<b>Event or Other Broadcast</b>	Listed in AMO <a href="#">WatchFile</a> – <a href="#">click here</a> for more information	\$380	\$450	\$500		\$
<b>SUBTOTAL</b> Note: Shipping and Handling costs are included in above prices						\$
<b>HST @ 13% REGISTRATION</b> No. R106732944						\$
<b>TOTAL</b>						\$

**(AMO retains the right to refuse orders for products & services at our own discretion and without justification. Prices, products & services subject to change without notice.)**  
**Proper payment must accompany this order form. ONLY CREDIT CARD PAYMENT ORDERS MAY BE FAXED TO 416.971.9372**

<input type="checkbox"/> <b>CHEQUE</b>  Please return this form with cheque made payable to: <b>ASSOCIATION OF MUNICIPALITIES OF ONTARIO</b> 200 University Ave., Suite 801, Toronto, Ontario M5H 3C6	<b>CREDIT CARD:</b>  <input type="checkbox"/> <b>VISA</b>  <input type="checkbox"/> <b>MASTERCARD</b>	<b>Print Name:</b> _____ <b>Card No.:</b> _____ <b>Expiry Date (MM/YY)</b> _____ <b>Signature:</b> _____
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