



Canadian  
Media Circulation  
Audit

**MAIL PAID SUBSCRIBER'S RECORD**

**FORM Q**  
**OPTIONAL**  
**for PAID**

Name \_\_\_\_\_

**Gift From**

Address \_\_\_\_\_

Name \_\_\_\_\_

Code \_\_\_\_\_

Address \_\_\_\_\_

<b>Date</b>	<b>Receipt Number</b>	<b>From</b>	<b>To</b>	<b>Send notice of expiry to</b>	<b>Mail List</b>	<b>CSR</b>