



For State APIC Chair
Rating: _____

Grassroots Contact Form

_____ Name	_____ Date
_____ Business Address	_____ Home Address
_____ City/State/Zip	_____ City/State/Zip
_____ Business Member of Congress	_____ Home Member of Congress
_____ Phone	_____ Phone
_____ Fax	_____ Cell Phone (for GovAlert phone trees)
_____ Email	_____ Your Party Affiliation:

Are you an IFAPAC contributor? Yes No Democrat Republican Other: _____

Are you a member of one of the following organizations?
 AALU AHIA SFSP GAMA MDRT NAILBA

Member(s) of Congress for whom you would like to be a grassroots contact

a. _____ b. _____

Please check the short descriptions below to indicate your relationship with the members of Congress you've listed above. If you don't know your Member of Congress, check here

- a. b.**
- Close Personal Friend
 - Business Associate
 - Residential Neighbor
 - Business Neighbor
 - Went to School Together
 - Belong to Same Civic, Social or Fraternal Group
 - We Have Mutual Friends
 - Active in Campaign
 - Campaign Chair or Finance Chair
 - Campaign Committee Member
 - Fundraiser

- a. b.**
- Constituent
 - Campaign Contributor
 - \$1 - 499
 - \$500 - 999
 - \$1,000 and above
 - Client of Mine
 - He/She has seen me at an issue meeting, fundraiser or Town Hall meeting
 - He/She is unlikely to recognize my name or face

How would these legislators describe **their** relationship with **you**: a. b. He/She calls me for advice
a. b. He/She knows who I am

Please provide us with a list of civic, fraternal, university and charitable organizations to which you belong.

Please provide us with further information indicating the degree of your relationship with the legislator(s) listed above.

