



APIC Grassroots Contact Form

For State APIC Chair
Rating: _____

Name _____

Today's 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 _____

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

Are you a member of one of the following organizations? AALU 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. Close Personal Friend
- Business Associate
- Residential Neighbor
- Business Neighbor
- Attended 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. 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. _____

