



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 member(s) of Congress you've listed above.
If you don't know your Member of Congress, check here

- | | |
|--|--|
| <p>a. b.</p> <p><input type="checkbox"/> <input type="checkbox"/> Close Personal Friend</p> <p><input type="checkbox"/> <input type="checkbox"/> Business Associate</p> <p><input type="checkbox"/> <input type="checkbox"/> Residential Neighbor</p> <p><input type="checkbox"/> <input type="checkbox"/> Business Neighbor</p> <p><input type="checkbox"/> <input type="checkbox"/> Attended School Together</p> <p><input type="checkbox"/> <input type="checkbox"/> Belong to Same Civic, Fraternal or Fraternal Group</p> <p><input type="checkbox"/> <input type="checkbox"/> We Have Mutual Friends</p> <p><input type="checkbox"/> <input type="checkbox"/> Active in Campaign</p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/> Campaign Chair or Finance Chair</p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/> Campaign Committee Member</p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/> Fundraiser</p> | <p>a. b.</p> <p><input type="checkbox"/> <input type="checkbox"/> Constituent</p> <p><input type="checkbox"/> <input type="checkbox"/> Campaign Contributor</p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/> \$1 – 499</p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/> \$500 – 999</p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/> \$1,000 and above</p> <p><input type="checkbox"/> <input type="checkbox"/> Client of Mine</p> <p><input type="checkbox"/> <input type="checkbox"/> He/She has seen me at an issue meeting, fundraiser or Town Hall meeting</p> <p><input type="checkbox"/> <input type="checkbox"/> He/She is unlikely to recognize my name or face</p> |
|--|--|

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. _____

PLEASE RETURN TO: APIC Office at NAIFA
2901 Telestar Court • Falls Church, VA 22042-1205 • 703-770-8100 • 703-770-8151 (f) • www.NAIFA.org
EMAIL: APIC@naifa.org