APIC Grassroots Contact Form

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.  b.
□ □ 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
□ □ 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. ____________________________

__________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________


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

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