

Key Contact Sign Up and Update Form

Name: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ Home FAX: _____

NOTE: Home address information is needed because it's where you are registered to vote. We match you with your legislative representative this way. It is held in strictest confidence.

Office Address: _____

City/State/Zip: _____

Office Phone: _____ Office FAX: _____

E-Mail Address: _____ Is it confidential? _____

Is your FAX a confidential line ____ or in a multidisciplinary office ____ (check one)

Do you personally know a California legislator or her/his spouse? Yes ____ No ____

If so, whom? _____

As a Key Contact, I would be willing to:

- | | |
|----------------------------------------------------------------|------------------------------------|
| _____ Write letters to my state legislators | _____ Meet with legislators |
| _____ Work on a campaign | _____ Participate in public events |
| _____ Author a newspaper opinion piece or letter to the editor | |
| _____ Other, please specify: _____ | |

Please feel free to write down any suggestions you may have to help strengthen our Key Contact System:

If you know who your legislator is, please make note of it here:

Assemblymember: _____

Senator: _____

We can find your representative for you. Please call the California Psychiatric Association's toll-free number (800) 772-4271. Please FAX completed form to 916-442-6515.