

Key Contact Sign Up and Update Form

Revised 2007

Name: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ Home FAX: _____

NOTE: Home information is needed as that is usually the address at which you are registered to vote and will enable us to match you with your correct legislative representative. 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)

District Branch _____

Do you personally know a California legislator or her/his spouse? _____

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
_____ Be a legislative bill reader, if so, which topic(s) would you cover _____
_____ 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:

Assembly Member: _____

Senator: _____

If you do not know which members represent your district, please call the California Psychiatric Association's toll-free number (800) 772-4271. Please FAX completed form to 916-442-6515.