



## Key Contact Sign Up and Update

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 strict 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.