



LEGISLATIVE KEY CONTACT APPLICATION

CONTACT INFORMATION

Your office address will be used for providing matching legislator information. The program now supports email outreach only (we are no longer able to fax LKC Alerts), so please provide an email address that you check frequently.

Physician Name: _____ CMA ID: _____

Office Address: _____

Office City: _____ ZIP: _____

Office Phone: _____ Office Fax: _____

Email: _____ Specialty: _____

Component Medical Society: _____ Political Party: _____

TYPE OF PRACTICE

- Solo/Small Group (1-4 Drs.)
- Medium (5-150 Drs.)
- Large (150-1,000 Drs.)
- Very Large (1,000+ Drs.)
- Administrative
- Academic/Faculty
- Alliance
- Govt. Employed
- Hospital Based
- Medical Student
- Retired

Name of Organization/Medical Group _____

Medical Staff Affiliations _____

ELECTED OFFICIALS YOU KNOW

Please indicate federal representatives and state legislators you know - even if they do not represent the district in which you practice or reside. See codes below for describing your relationship with the elected official.

Name(s)	Types of Relationship
_____	_____
_____	_____
_____	_____
_____	_____

Types of Relationship: CNST: constituent; NEI: neighbor; SOC: social acquaintance; FRI: friend; CON: campaign contributor; FUND: attended a fundraiser; MTG: met at a meeting; SUP: campaign supporter; *=immediate access to elected official; OTH: other (please specify)

Please submit completed form to the Legislative Key Contact Program:

MAIL: CMA, 1201 J St., Ste. 200, Sacramento, CA 95814 • **EMAIL:** grassroots@cmanet.org • **FAX:** 916.444.5689