

Become a Key Contact Today - WAPA Needs You

Your information:

Name: _____
Home Address: _____

Email: _____
Clinic/Hospital: _____

Legislator Key Contact

Legislator's Name: _____

Brief Description of your Relationship: _____

Rate the Relationship: (1 = Regular/Close Friends; 5 = "Met Once"):
1 2 3 4 5

Legislator's Name: _____

Brief Description of your Relationship: _____

Rate the Relationship: (1 = Regular/Close Friends; 5 = "Met Once"):
1 2 3 4 5

Return completed forms to the WAPA office at:
WAPA
702 Eisenhower Dr, Ste A
Kimberly, WI 54136
920-882-3655 (fax)