

Become a Key Contact Today - WAPA Needs You

Your information:

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Clinic/Hospital: \_\_\_\_\_

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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

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Return completed forms to the WAPA office at:  
WAPA  
PO Box 1109  
Madison, WI 53701-1109  
608-283-5424 (fax)