

Texas Orthopaedic Association Legislative Survey
KEY CONTACTS

NAME: _____ HOME ZIP+4 _____
We need your voting address (home address) if you don't know your nine-digit zip code. If you will provide us your home address, we will update our database which will match you to your District and let you know your representatives after the elections.

Name of your State Senator _____ Dist# _____

Name of your Representative _____ Dist# _____

(You can find the above information on the TOA website under the "My Account" menu - then by clicking on TX District Finder.) Please note - information that may not be up to date nor 100% accurate if we do not have your home address plus your ZIP+4 - which you may update with the link provided either there or under "My Account" then "Update Your Information".

A key contact program is a successful method of keeping legislators informed of important TOA political issues. Do you know any Texas legislators (on the state or national level) personally? Yes _____ No _____

I know Senator _____ well enough to contact personally.

- _____ I contributed to his/her campaign
- _____ I worked actively in his/her campaign
- _____ I am his/her personal physician
- _____ Other reasons you know this legislator...please explain:

_____ I am willing to serve as a Key Contact for this legislator.

I know Representative _____ well enough to contact personally.

- _____ I contributed to his/her campaign
- _____ I worked actively in his/her campaign
- _____ I am his/her personal physician
- _____ Other reasons you know this legislator...please explain:

_____ I am willing to serve as a Key Contact for this legislator.

I don't know any Texas legislators but I would be willing to cultivate a relationship (i.e. letters, phone calls, etc.) Y _____ N _____

Please fax the completed survey to 1-866-864-1568
Thank You!