

2008-2009 Texas Orthopaedic Association Key Contact Survey

1. Key Contact Survey

* 1. Your full name:

* 2. *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.*

Home Zip+4:

3. *For questions 3 - 6 you can find the 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".*

Name of your State Senator:

4. District Number of your State Senator:

5. Name of your Representative:

6. District Number of your Representative:

7. A key contact program is a successful method of keeping legislators informed of important TOA political issues. Do you know any legislators (on the state or national level) personally?

Yes

No

8. I know Senator _____ well enough to contact personally.

2008-2009 Texas Orthopaedic Association Key Contact Survey

9. In regards to the previous question, please answer the following

- I contributed to his/her campaign
- I worked actively in his/her campaign
- I am his/her personal physician
- I am willing to serve as a Key Contact for this legislator.
- None of the above
- Other reasons you know this legislator...please explain:

10. I know Representative _____ well enough to contact personally.

11. In regards to the previous question, please answer the following

- I contributed to his/her campaign
- I worked actively in his/her campaign
- I am his/her personal physician
- I am willing to serve as a Key Contact for this legislator.
- None of the above
- Other reasons you know this legislator...please explain:

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

Yes

No

2008-2009 Texas Orthopaedic Association Key Contact Survey

2. Contact Information

* 13. Name:

14. Address:

15. Address Line 2:

* 16. City:

* 17. State:

* 18. Zip:

* 19. Contact Phone Number:

* 20. Contact Fax Number:

* 21. Your email address: