

In order for NAIFA to be effective at the Tennessee General Assembly and before state government generally, we need to know who among our membership has personal and/or professional relationships with elected representatives and administration officials. Please complete this form and return it to NAIFA-Tennessee.

For State APIC Chair
Rating: _____

| | |
|------------------------|---|
| Name | Date |
| Business Address | Home Address |
| City/State/Zip | City/State/Zip |
| Congressional District | Congressional District |
| Phone | Phone |
| Fax | Your Party Affiliation: <input type="checkbox"/> Democrat <input type="checkbox"/> Republican |
| Email | <input type="checkbox"/> Other: _____ |

Are you an IFAPAC contributor? Yes No
Please specify if you are a member of one of the following affiliated organizations. AALU AHIA SFSP GAMA MDRT

Member(s) of **STATE LEGISLATURE** for Whom You Would Like to be a Contact:
a. _____ b. _____

Member(s) of **FEDERAL LEGISLATURE** for Whom You Would Like to be a Contact:
c. _____ d. _____

Please check the short descriptions below to indicate your personal relationship with the Legislators you've listed above.

- | | |
|--|---|
| <p>a. b. c. d.</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Close Personal Friend</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Business Associate</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Residential Neighbor</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Went to School Together</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Belong to Same Civic, Social or Fraternal Grp.</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mutual Friend</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Active in Campaign</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Campaign Chair</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Finance Chair</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Campaign Committee</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fundraising</p> | <p>a. b. c. d.</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Constituent</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Campaign Contributor (<input type="checkbox"/> cumulatively <input type="checkbox"/> annually)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> \$0 - 99</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> \$100 - 499</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> \$500 - 999</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> \$1,000 and above</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Client of Mine</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Business Neighbor</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Acquaintance</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: _____</p> |
|--|---|

Would you like to receive NAIFA weekly email reports during the legislative session? Yes No
Would you like to participate in a NAIFA telephone or email chain of communication on current state issues? Yes No
If yes to either of the last two questions, please make sure to list your email address in the space provided above.

Please provide us with further information indicating the degree of your relationship with the legislator(s) listed above.
