

POLITICAL CONTACT FORM

YOU CAN HELP YOUR PROFESSION BY LETTING US KNOW WHO YOU KNOW.

We are expanding our grassroots efforts through use of the Political Contact Form. We need information about your (you, spouse, employees, co-workers) contacts so we can create a grassroots network to support the advancement of our profession. This information pertains to state and national legislators, governor, other statewide office holders, political candidates, political appointees, and public policy makers. The information below will assist us greatly in coordinating our legislative efforts. Please take a few moments to answer the questions below and return the form to:

SDPhA * 320 E. Capitol Avenue * PO Box 518 * Pierre, SD 57501-0518

PLEASE COMPLETE FOR EACH ELECTED OFFICIAL WITH WHOM YOU HAVE CONTACT

Contact: _____

He/She is: ___ personal friend ___ customer where I practice ___ casual acquaintance ___ relative

I have: ___ financially contributed to his/her campaign
___ contacted him/her in the past regarding pharmacy issues

Level of support shown for pharmacists (circle one): NONE LOW MED HIGH

Comments: _____

Contact: _____

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Level of support shown for pharmacists (circle one): NONE LOW MED HIGH

Comments: _____

PLEASE PRINT:

Your Name: _____ Pharmacy Name: _____

Mailing Address: _____ City/ State/ Zip: _____

Telephone Number: _____ Email Address: _____