



QUESTIONNAIRE
Re: Key-Contact Program

Name of NYSBA member _____

(Please type or print)

Date: _____

With regard to the NYSBA Key-Contact Program, please complete this questionnaire and return it to the NYSBA Department of Governmental Relations, One Elk Street, Albany, New York 12207. Fax: 518-487-5694

- 1) What is your residential address for the purpose of voting?

Street _____

Town/City _____

Zip Code _____ (Must Include Zip Code!)

- 2) If you or someone you know has a working professional relationship or a personal relationship with a legislator or other public official, and you believe that you could assist NYSBA by participating in the key-contact program, please provide the relevant information on this questionnaire.

Note: This program is seeking to develop contacts with the New York State Legislature, Members of Congress from New York State, the Governor, and senior staff for those officials.

Name of Public Official _____

Relevant Information _____

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Relevant Information _____

Name of Public Official _____

Relevant Information _____
