

Legislator Membership Application

LAST NAME _____ FIRST NAME _____ MI _____

New Member Senator Delegate Member of Assembly

PARTY AFFILIATION _____ District Number _____

MAILING ADDRESS 1: Legislative Office

Street _____ P.O. BOX _____

City _____ State _____ Zip _____

Staff Contact Name _____

Phone _____ Cell Phone _____ Fax _____

Email _____ Web site _____

MAILING ADDRESS 2: Home or Business (circle one)

Street _____ P.O. BOX _____

City _____ State _____ Zip _____

Staff Contact Name _____

Phone _____ Cell Phone _____ Fax _____

Email _____ Web site _____

LEADERSHIP POSITIONS: _____

COMMITTEE ASSIGNMENTS: _____

SPECIAL OFFER 2 Years - \$100.00
FOR LEGISLATORS NEW TO ALEC 4 Years - \$200.00

Check enclosed Credit Card Number _____ Expiration Date _____

VISA MasterCard American Express

Signature _____

Please mail this form to: ALEC, Attn: Briana Mulder | 1101 Vermont Ave., NW, 11th Floor | Washington, DC 20005
or fax to: (202) 466-3801

For more information: contact Briana Mulder at (202) 742-8507 or bmulder@alec.org