



MEMBERSHIP FORM

COUNT ME IN!

I will fight for working families!

Senator _____ Representative _____ Delegate _____ Assembly Person _____

Primary contact: Home _____ Work _____ Legis. Office _____ Dist. Office _____

Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ Fax: _____

Email: _____

Cell Phone: _____

Union: _____ Local: _____

Secondary Contact: Home _____ Work _____ Legis. Office _____ Dist. Office _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

Please return this form to: Lanita Hall at lahall@aficio.org or mail it to 815 16th St., N.W., Washington, DC 20006. **Before returning this form, please save it and attach it to a new email.**