

***FVMA 2005 Legislator Key Contact  
Program Registration***

***Fax to FVMA (407) 240-3710***

*Yes! I would like to become a member of the FVMA Legislator  
Key Contact Program*

*Name* \_\_\_\_\_

*Address* \_\_\_\_\_  
\_\_\_\_\_

*Phone* \_\_\_\_\_

*Email* \_\_\_\_\_

*I will establish and maintain contact with the following elected  
state representative.*

*Politician's Name* \_\_\_\_\_

State of Florida

National Congress

*House District #* \_\_\_\_\_ *Senate District #* \_\_\_\_\_

*Describe the extent of your relationship*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_