

Be an Advocate for your Patients and your Profession - Become A "Key Contact" for Your Legislator

Practicing physicians statewide provide a vital link to legislators when a crucial vote is imminent. The NC Orthopaedic Association, along with the NC Medical Society, depends on an effective network of physicians willing to serve as Key Contacts for legislators. The effectiveness of a key contact system is at the heart of every success the NCOA achieves within state and federal government affairs. As a **Key Contact**, you will be notified when it is critical that you contact your legislator or congressman on an issue affecting medicine. Appropriate background information, talking points, telephone numbers, fax numbers and email addresses will be provided to you. To participate in the Key Contact network, please complete the form below and fax it back to the NCOA at (919) 833-2023. Thank you.

Name _____ Specialty _____

County of Residence _____ E-mail address _____

Office Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Staff person in your office that can relay urgent messages _____

Party Affiliation: ___ Democrat ___ Republican ___ Unaffiliated

Are you a member of NCOAPAC? ___ Yes, ___ No

Are you a member of MEDPAC? ___ Yes, ___ No

Please indicate any members of the NC Congressional Delegation or State Legislators for whom you are willing to serve as a Key Contact along with a description of your acquaintance with them.

- | <u>Legislator</u> | <u>Acquaintance</u> |
|-------------------|--|
| 1. _____ | <input type="checkbox"/> Personal acquaintance
<input type="checkbox"/> Political supporter
<input type="checkbox"/> Other - _____
<input type="checkbox"/> Not acquainted but will contact |
| 2. _____ | <input type="checkbox"/> Personal acquaintance
<input type="checkbox"/> Political supporter
<input type="checkbox"/> Other - _____
<input type="checkbox"/> Not acquainted but will contact |
| 3. _____ | <input type="checkbox"/> Personal acquaintance
<input type="checkbox"/> Political supporter
<input type="checkbox"/> Other - _____
<input type="checkbox"/> Not acquainted but will contact |

Return to: NCOA Fax: (919) 833-2023 Email: ncoa@ncmedsoc.org	<i>Thank you!</i>
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