



**Name:**

**Contact Information:**

**Phone:**

**Email:**

**State Senator**

**Name:**

**No personal relationship, would like to serve as their CVMA Key Member**

**Personal relationship, would like to serve as their CVMA Key Member**

**Please describe how you are acquainted:**

**State Assemblymember**

**Name:**

**No personal relationship, would like to serve as their CVMA Key Member**

**Personal relationship, would like to serve as their CVMA Key Member**

**Please describe how you are acquainted:**

**Do you know another member of the Legislature?**

**If so, please list their name (s):**

**How would you like to participate as a Key Member? (select all that apply)**

**Willing to attend a legislative reception with other CVMA members in the district.**

**Willing to host a private reception in your home or hospital, or provide a tour of the hospital.**

**Willing to discuss issues that are important to veterinary medicine with the Legislator.**

**Willing to write a letter when legislation impacts the veterinary community.**

**Willing to be a resource to your legislator regarding veterinary medicine.**

Please submit completed form to [staff@cvma.net](mailto:staff@cvma.net). Contact [staff@cvma.net](mailto:staff@cvma.net) or (800) 655-2862 with any questions.