



**LOUISIANA ACADEMY OF
FAMILY PHYSICIANS**
STRONG MEDICINE FOR LOUISIANA

Legislative Key Contacts Program

Name _____ Phone: _____
 Address _____ Fax: _____
 City, State, Zip _____
 Email Address _____

Legislative Information

If you don't know who your state legislator is, you can go to www.legis.state.la.us and input your home address.

US Representative: _____

House District Number: _____
 (Example: House District 98 - this will help to code your information)

Relationship: _____

- No Relationship Business Associate Church Contributor
- Family Friend Social Volunteer

US Senator: _____

Senate District Number: _____

Relationship: _____

- No Relationship Business Associate Church Contributor
- Family Friend Social Volunteer

State Representative: _____

House District Number: _____
 (Example: House District 98 - this will help to code your information)

Relationship: _____

- No Relationship Business Associate Church Contributor
- Family Friend Social Volunteer

State Senator: _____

Senate District Number: _____

Relationship: _____

- No Relationship Business Associate Church Contributor
- Family Friend Social Volunteer

Other Legislators with whom you have a relationship:

