



# Texas Association of Health Underwriters

## Legislative Key Contact and Political Involvement Form

NAME \_\_\_\_\_ Date \_\_\_\_\_

Business Address, City, Zip \_\_\_\_\_

Home Address, City, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Are you a TAHUPAC Contributor?  Yes  No  Other \_\_\_\_\_

Legislator(s) for whom you would like to be a key contact: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe information indicating the degree of your relationship with the Legislator(s) listed above.

- Close Personal Friend  Business Associate  Residential Neighbor  Went to School together  Mutual Friend  
 Belong to the same Civic, Social or Fraternal Group  Attend Church together  Client of Mine  Constituent  
 Business Neighbor  Acquaintance  Active in Campaign (in what capacity \_\_\_\_\_)  
 Campaign Contributor  Other \_\_\_\_\_

\_\_\_\_\_

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Please return to Texas Association of Health Underwriters, P.O. Box 381506, Duncanville, TX. 75138-1506  
or you can fax this form to 972-709-0611