



PSSA LEGISLATIVE CONTACT NETWORK

Please join the PA State Snowmobile Association LEGISLATIVE CONTACT NETWORK.

Today's Date: _____

Mr. Mrs. Ms. Dr. (circle one)

Name: _____

PLEASE PRINT

Home (Voting) Address: _____

City: _____

State: _____

Zip code: _____

Email Address (which you check regularly): _____

Home Phone: Mobile Phone: _____

County of Residence: _____

State Senate District: _____

State House District: _____

(PLEASE CIRCLE ONE)

My State Representative Knows Me:	Yes	No
My State Senator Knows Me:	Yes	No
I hold an elected public office:	Yes	No
I hold an appointed public office:	Yes	No
I hold a political party position:	Yes	No

PLEASE RETURN TO
F. C. BROWN AND ASSOCIATES
800 N. THIRD STREET SUITE 401 C
HARRISBURG, PA. 17102