



New Member Information Form

First Name: _____ Last Name: _____ State: _____

Title (Rep/Sen/Assm/Del): _____

Contact Information: Which information would you like published in the directory?

District Capitol Home

**** Please fill out all information for internal contact purposes (from the President and the national office).**

****Only the onformation you specify will be published in the directory; this will never include assistant, cell or work.**

Capitol address: _____

Capitol Phone number: _____

Capitol Fax number: _____

Capitol E-mail address: _____

District address: _____

District Phone number: _____

District Fax number: _____

District E-mail address: _____

Home address: _____

Home phone number: _____

Home Fax number: _____

Home E-mail address: _____

Personal Cell Phone Number: _____

Work (non-legislative) Phone Number: _____

Assistant's name and phone number: _____

What state committees do you currently sit on?

Using numbers 1-3, please number your top three (3) choices for NBCSL Policy Committees:

- | | |
|---|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Business, Financial Services & Insurance | <input type="checkbox"/> International Affairs |
| <input type="checkbox"/> Education | <input type="checkbox"/> Labor, Military & Veteran's Affairs |
| <input type="checkbox"/> Energy, Transportation & Environment | <input type="checkbox"/> Law, Justice & Ethics |
| <input type="checkbox"/> Emergency Preparedness/Homeland Security | <input type="checkbox"/> Taskforce on Gun Violence |
| <input type="checkbox"/> Gaming, Sports & Entertainment | <input type="checkbox"/> Telecommunication, Science & Technology |
| <input type="checkbox"/> Health & Human Services | <input type="checkbox"/> Youth |

Please sign and return this form via fax to (202) 508-3826 to NBCSL ASAP

Signature: _____ Date: _____