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First Name: _____

Last Name: _____

State: _____

Title (Rep/Sen/Assem/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 information you specify will be published in the directory; this will never include assistant or cell/work phone.

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: _____

Cell Phone: _____

Personal Cell Phone: _____

Work (non-legislative) Phone number: _____

Assistant's name, phone number, and e-mail: _____

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

___ Agriculture & Conservation

___ Health & Human Services

___ Business & Economic Development

___ Housing & Community Development

___ Child, Youth & Families

___ International Affairs

___ Education

___ Labor & Workforce Development

___ Emergency Preparedness, Cyber & Homeland

___ Law, Justice & Ethics

___ Gaming, Sports, Tourism & Entertainment

___ Military & Veterans Affairs

___ Telecommunications

Please return this form via e-mail to nbcslupdates@nbcsl.org ASAP. Thank you!