



Registration Form

Name: _____

Title: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email address: _____

How would you be willing to be more involved in the Coalition? Check all that apply:

- Include your organization's name on the coalition's web site
- Write letters to legislators and local media outlets
- Serve as a local press contact
- Participate in meetings with legislators/reporters
- Testify before legislative/regulatory panels

Should you have questions or need additional information, please contact us. Email, mail or fax the completed form to:

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