



Registration Form

Name: _____

Title: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email address: _____

Number and location (by state) of stores _____

Please list the community and business organizations you belong to: _____

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

- Include your company's name on the coalition's web site
- Write letters to legislators and local media outlets
- Serve as a local press contact
- Host tours for legislators/reporters
- 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:

Coalition for Financial Choice
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888.458.0208
202.296.7713 – fax

info@coalitionforfinancialchoice.org