

SOUTH CAROLINA PSYCHOLOGICAL ASSOCIATION

Grassroots – Key Contact Program

Yes, sign me up. I want to be a part of the newly formed grassroots program for the South Carolina Psychological Association. Here is what you need to know for our association to coordinate our legislative efforts.

Name: _____

Business Name or Work Affiliation: _____

Address: _____ City: _____ Zip: _____

Office Phone: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Area of Practice/Work (example: private practice, state or local government, education, etc.):

House Member: _____ Senator: _____

I know the following legislators: _____

Please let us know if you are a member of civic club, church, synagogue, etc. with any member of the South Carolina Legislature (please include name of legislator and affiliation):
