

**KHA Partnership for Action  
Contact Information  
(Confidential for KHA Use Only)**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Hospital:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**I am willing to participate in KHA's grassroots political advocacy efforts by becoming a participant in KHA's Partnership for Action team. I have a personal relationship with the following elected official:**

**Kansas House:** \_\_\_\_\_

**Kansas Senate:** \_\_\_\_\_

**Kansas Administration:** \_\_\_\_\_

(i.e. Governor/Lt. Governor/Insurance Comm/Attorney  
General)

**Type of Relationship:** \_\_\_\_\_

(i.e. Friend/Relative/Neighbor/Active Supporter/ etc)

**US House:** \_\_\_\_\_

**US Senate:** \_\_\_\_\_

**Administration:** \_\_\_\_\_

(i.e. President/Vice President/Cabinet Member/etc)

**Type of Relationship:** \_\_\_\_\_

(i.e. Friend/Relative/Neighbor/Active Supporter/ etc)

Please return this form to the Kansas Hospital Association, ATTN: Fred Lucky at FAX: 785-233-6955, or e-mail: [flucky@kha-net.org](mailto:flucky@kha-net.org), or mail to: 215 SE 8<sup>th</sup> St, PO Box 2308, Topeka, KS 66601