



Mississippi Dental Association

GRASSROOTS CONTACT INFORMATION SHEET

Name: _____

E-mail Address: _____

Cell Phone: _____

List legislators you know:

Legislator: _____

Number of years known: _____

Relationship: (Business, social, political, etc.) _____

Are you willing to contact this legislator in regard to legislation? _____

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Return information sheet to: Tasha Jones at tasha@msdental.org or fax to 601-366-3050.