ALABAMA PHARMACY ASSOCIATION
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1211 Carmichael Way, Montgomery, AL 36106 334.271.4222 Fax: 334.271.5423 The Voice of Pharmacy in Alabama

APA Member Legislative Testimonial Form

Testimonial Questionnaire

License #:

Name: **Degree:**

Hometown: **Phone:**

Membership Type: **# of Years:**

Give an example of how pharmacists/technicians lobbying together have impacted the profession.

At what point did you realize how much the legislative process could affect your profession and your practice?

What has been the most effective way for you to communicate with your legislators?

Sign Here _____ **Date** _____

Please sign and return this form to the APA office at 1211 Carmichael Way, Montgomery, AL 36106 or fax it back to 334.271.5423. Your signature authorizes APA to use the information provided on this form for promotional purposes. Thank you.