



AHEPA Congressional Grassroots Contact Network

Application Information

Full Name _____

Address _____

City _____ State _____ Zip +4 _____ - _____

Phone: () _____ - _____ Fax: () _____ - _____ Email: _____

____ **YES**, I am willing to help AHEPA with its outreach to my member(s) of Congress.

My U.S. representative is: _____

My U.S. senators are: _____

_____ I have a personal relationship with my (circle all that apply): U.S. senator(s) and/or representative.

_____ I have a personal relationship with staff members of my (circle all that apply): U.S. senators and/or representative.

Tell Us A Bit About You

(Please Note: No previous civic engagement experience is necessary to be an AHEPA Grassroots Contact.)

Have you had experiences with political campaigns? _____ If yes, for which candidate(s)? _____

Have you participated in "Calls to Action" for non-Hellenic trade or professional associations or advocacy groups?
Yes _____ No _____

Do you subscribe to any Greek-American publications? _____ If yes, which one(s)? _____

Within the past three years, have you visited Greece? _____ Cyprus? _____ Turkey? _____

Issue Areas of Interest (check all that apply):

_____ US-Greece Relations

_____ Domestic Programs Affecting
Greek-American Community (i.e., federal
funding levels, charter schools, medical research)

_____ Cyprus Issue

_____ Religious Freedom/Ecumenical Patriarchate

_____ Other: _____

_____ All of the Above

Thank You!