# APA Member Legislative Testimonial Form

**Testimonial Questionnaire**

<table>
<thead>
<tr>
<th>License #:</th>
<th>License #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Degree:</td>
</tr>
<tr>
<td>Hometown:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Membership Type:</td>
<td># of Years:</td>
</tr>
</tbody>
</table>

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.