



Thank you for your interest in participating in the 2008 Every Child Matters: New York State campaign! Please complete the following form to be added to our mailing list, and to be part of the effort!

Your Information

First Name: _____

Last Name: _____

Title: _____

Organization: _____

Address: _____

City: _____

State, Zip: _____

Phone: _(_____) _____

Fax: _(_____) _____

Email: _____

Website: _____

Are you joining as an individual, or on behalf of your organization?

Individual Organization

Can your name be listed on our participant listing?

Yes No

Can your organization's name be listed on our list of participating organizations?

Yes No I don't know

Your Representatives:

Please list the Congressional members that represent your program's community, and the community that your program serves.

Please list the New York State Senate members that represent your program's community, and the community that your program serves.

Please list the New York State Assembly members that represent your program's community, and the community that your program serves.

Your Expertise

Can you provide/lend your expertise to any of the following topics?

- | | |
|---|--|
| <input type="checkbox"/> After school programming | <input type="checkbox"/> Juvenile justice |
| <input type="checkbox"/> Child maltreatment | <input type="checkbox"/> Kinship care |
| <input type="checkbox"/> Children with disabilities | <input type="checkbox"/> Legal assistance for families |
| <input type="checkbox"/> Early learning | <input type="checkbox"/> Maternal and infant health |
| <input type="checkbox"/> Fatherhood | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Healthcare (child) | <input type="checkbox"/> Poverty (child and family) |
| <input type="checkbox"/> Home visiting | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Incarcerated parents | <input type="checkbox"/> Zero to three |
| <input type="checkbox"/> Other: _____ | |

Your Involvement:

- Attending September 16th event
- As a member of the September 16th event Planning Committee
- Attending October 15th event on Long Island
- As a member of the October 15th event Planning Committee
- By asking our representatives to complete the Candidate Questionnaire
- By providing contact information for local media outlets
- By acting as an issue expert for the media, etc.
- Write letters to the editor prior to the September 16th and October 15th events
- Provide funding for the event and/or other activities
- Participate in local get-out-the-vote efforts
- Provide volunteers for September 16th
- I cannot participate
- In another way _____

Will you be attending the September 16th event in Albany?

- Yes No Not sure yet

Can you, or your organization, bring staff, families, colleagues, etc., to the September 16th event in Albany?

- Yes Yes, if there was transportation available No

How many individuals would you guesstimate you could bring? _____

Are you, or your organization, a member of any of the following organizations?

New York Children's Action Network

Winning Beginning

No/I we are not a member of any advocacy organization

Other: _____

Please submit this form:

Online at: <http://fs8.formsite.com/pcany/ecmnys/index.html>

By email to: mgross@preventchildabuseny.org

By fax to: 518-436-5889

By mail to: PCANY, 33 Elk St., 2nd Fl., Albany, NY 12207