

CONTACT LIST FORM

Date:

ORGANIZATIONAL INFORMATION

ACCG

GMA

ADDRESS

CITY

STATE

ZIP CODE

COUNTRY

PHONE

E-MAIL

CONTACT INFORMATION

PRIMARY CONTACT NAME

TITLE

ROLE

LOSS CONTROL

HEALTH & WELLNESS

EMAIL ADDRESS

PHONE NUMBER

ARE YOU THE SAFETY COORDINATOR

YES

NO

IF NO, PLEASE PROVIDE NAME & EMAIL

SECONDARY CONTACT NAME

TITLE

EMAIL ADDRESS

MEMBER DISTRIBUTION LISTS & ACCESS

Select all that apply

- SHARE Newsletter
 LGRMS WEBSITE
 LocalGovU
 BrainShark
 Other

FOR LGRMS OFFICE ONLY

Contact info has been added to:

Date Received: _____

Request Recieved by: _____

- CAMPAIGN MONITOR
 IMIS
 EMAIL LIST
 BrainShark
 SHARE LIST