



Daughters of Penelope
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DOP Congressional Grassroots Contact Network

Application Information

Full Name _____

Address _____

City _____ State ____ Zip +4 _____ - _____

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

YES, I am willing to help the Daughters of Penelope 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) U.S. representative

I have a personal relationship with staff members of my (circle all that apply): U.S. senator(s) U.S. representative

I have a personal relationship with members of Congress or staff other than my own representatives. Please list: _____

Tell Us about You

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

Have you participated at previous AHEPA/DOP Capitol Hill Days (*circle one*)? Yes No

Have you had experiences with political campaigns (*circle one*)? Yes No

Have you responded to "Action Alerts" for non-Hellenic trade or professional associations or advocacy groups (*circle one*)? Yes No

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

Issue Areas of Interest (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> U.S. - Greece Relations | <input type="checkbox"/> Domestic Violence/Victims' Rights/Campus Safety Legislation |
| <input type="checkbox"/> Cyprus Issue | <input type="checkbox"/> Growing Congressional Caucuses (Hellenic, Victims', Childrens) |
| <input type="checkbox"/> Religious Freedom/Ecumenical Patriarchate | <input type="checkbox"/> Senior Housing |
| <input type="checkbox"/> Education (Student Right to Know Before You Go Act) Other: _____ | |

Thank You!