

MEMBER QUESTIONNAIRE

*This information will be kept only by the FOP for referendum.
It won't be shared with any other organization.*

Member Name: _____ Lodge #: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Cell phone: (_____) _____

(by providing your cell number, the FOP may send you text messages about the campaign to stop Senate Bill 5).

Are there any other residents in your household over the age of 18? If so:

Name: _____ Registered to vote?

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There will be many roles that need to be filled as this campaign gets underway. We will need volunteers who are willing to give some time to the effort, so please check any of the tasks below that you're willing to do:

Work a phone bank

Distribute literature door-to-door

Help drive people to the polls

Attend rallies and other events

Write a letter to the editor

Serve as a Precinct captain*

**Precinct Captains will be responsible for receiving lit, walk lists and other materials, organizing meeting places for volunteers and taking possession of notes and other materials after door-to-door and other activities.*

Please return this form and, if possible, a campaign donation payable to
"FOP of Ohio" in the enclosed envelope

