

## I want to help Representative Jim McCune!

Thank you for volunteering to help Representative Jim McCune return to Olympia to represent you!

We need some of your personal information so we know who you are, how to contact you, and what you would like to do to help. When finished you can either send this form to "Citizens for Jim McCune", P.O. Box 785 Graham, WA 98338 or e-mail it to [electmccune@iglide.net](mailto:electmccune@iglide.net).

### Personal Information: *(fields marked with an asterisk \* are required)*

First Name*	<input type="text"/>	Last Name*	<input type="text"/>
Occupation	<input type="text"/>	Employer	<input type="text"/>
Work No.	<input type="text"/>	Home No.	<input type="text"/>
Cell No.	<input type="text"/>	Email*	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
Preferred contact method:	<input type="text"/>		

### I would like to help with: *(select all that apply)*

<input type="checkbox"/> Host a Small Fundraiser in my home	<input type="checkbox"/> Email My Friends in the District
<input type="checkbox"/> Help with a Fundraiser	<input type="checkbox"/> Make Phone Calls
<input type="checkbox"/> Use Me as an Endorsement	<input type="checkbox"/> Stuff Envelopes
<input type="checkbox"/> Doorbelling	<input type="checkbox"/> Office Work
<input type="text"/> (Days available)	<input type="checkbox"/> Other (specify below)
<input type="text"/> (Houses anticipated)	<input type="text"/>
<input type="checkbox"/> Post a Sign in my Yard/Business	<input type="text"/>
<input type="checkbox"/> Wave Signs	<input type="text"/>

**Signature:**

**Date:**

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