

# Help Us Fight for Patient Choice & Fair Reimbursement

## Join APRx's Pharmacy Grassroots Network

Community Pharmacy has many challenges. Powerful, well-funded interests work daily to cut payments to pharmacies, stifle competition and restrict patient's right to choose a pharmacy.

These vital issues are often decided by elected leaders who may not know the facts or appreciate your value to your community as a health-care provider.

**American Pharmacies is the strongest voice for independent pharmacy in the state advocacy arena. But we cannot succeed without your support, starting with the relationships you have with your elected state leaders. No one has more influence with legislators than their voting constituents, so your involvement is critical:**

- ▶ Can you testify effectively about the issues facing community pharmacy?
- ▶ Can we count on you to call, email or visit your elected officials when key issues are up for a vote?
- ▶ Can we depend on you to use any relationships or influence you have with legislators to help us defend the interests of community pharmacy and our patients?
- ▶ Can we count on you to financially support pharmacy-friendly political candidates?

Please fill out the form below to send us your contact information, including an "anytime" phone number that rings directly to you. Thanks for your support – your involvement and relationships will be a vital contributor to our legislative successes.

(Please print clearly)

Name: \_\_\_\_\_ Pharmacy Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Do You contribute to a PAC? YES \_\_\_\_\_ NO \_\_\_\_\_ PAC Name: \_\_\_\_\_

**Please indicate below any elected state or federal leaders with whom you have personal and/or professional relationships.**

State Senator: \_\_\_\_\_ State Representative: \_\_\_\_\_

Statewide (Gov., Lt. Gov., etc.): \_\_\_\_\_

U.S. Senator: \_\_\_\_\_ U.S. Representative: \_\_\_\_\_

What independent pharmacy issues are most important to you? \_\_\_\_\_

**Please email or fax this form to:**

**mwright@txrx council.org**

**FAX: 512-992-1391**

**American  
Pharmacies** 