



# Political Partners Program

*Please fax completed application to 405-841-5332 attention Political Partners Program or scan and email to [gjones@okcmar.org](mailto:gjones@okcmar.org),*

**NAME** \_\_\_\_\_

**BUSINESS NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

**FAX** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**CELL PHONE** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

I am applying to serve as Political Partner for the following city/town:

City/Town \_\_\_\_\_

1. Describe your relationship with the city/town.
2. Have you volunteered in any elected officials from this city/town's most recent campaign? If so, what capacity?
3. Have you contributed personally to the campaign fund for any elected official or held a fundraiser for any elected official in this city/town?
4. Have you attended or spoken at a City/Town Council meeting?