



FIRST/LAST NAME	STREET ADDRESS	CITY	STATE	ZIPCODE+4	CONTACT NUMBER	E-MAIL ADDRESS	ISSUE/ORGANIZATION
	<p>Your contact information will be added into the PDA database, which is the sole property of PDA. You will receive action alerts, email notices, and PDA news. Your contact information will be shared only with the PDA state coordinator and chapter in your Congressional District. Thank you for joining PDA. Together we will make history!</p>						