

Mass Alliance

Campaign Manager Training Sign-Up

Contact Information

Name	
E-Mail Address	
Preferred Phone Number (please indicate cell or home)	
Street Address	
Address Line 2	
City ST ZIP Code	

Background

We would like to know more about you, so that we can have a sense of who is in the class. Please answer the following questions briefly.

What (if any) previous campaign experience do you have?	
Where do you live in MA? Where in MA are you interested in working in politics?	
Which progressive issues are most important to you?	
What racial or ethnic group(s) do you identify with? (optional)	

Which session are you interested in attending?

Tuition for the training is \$50 and covers materials and two lunches. Some scholarships are available. Please indicate your method of payment.

<input type="checkbox"/>	I will send \$50 in cash or a check made out to Mass Alliance to: Mass Alliance 8 Beacon Street, 4 th Floor Boston, MA 02128
<input type="checkbox"/>	I will bring \$50 in cash or a check made out to Mass Alliance to the first day of my training session
<input type="checkbox"/>	I need a scholarship. Someone from Mass Alliance will contact you.

Signed: _____ Date: _____

To return this form please mail it to:

Mass Alliance
Campaign Manager Training
8 Beacon St. 4th Floor
Boston, MA 02108

Or fax it to:

(617) 722-4322