



REQUEST TO SPEAK SIGN UP FORM

This form is used to collect the relevant information needed to sign you up for the Arizona Legislative Information Service (ALIS) Request to Speak (RTS) system. By submitting this information, you are authorizing MHA AZ to create a profile through the ALIS system on your behalf.

MHA AZ will never share this information with anyone but you, nor will they share or sell your email address with anyone. Including your home address is helpful so they can best match you to the legislators that represent you. Expect to receive emails from MHA AZ requesting your participation through the RTS on a variety of timely and important issues throughout the Legislative Session.

PLEASE NOTE: This information needs to be entered at the Capitol in person by MHA AZ staff. Please allow three to five business days for confirmation of your account.

First Name: _____ Last Name: _____

Organization: _____ Position/Title: _____

Street Address: _____ City/Town: _____

Zip Code: _____ Phone Number: _____

Email Address: (Account Username): _____

RTS Account Password: _____

(NOTE: Password and profile details can be updated upon login at your home computer.)

**PLEASE COMPLETE, SAVE, & EMAIL FORM TO
mhaofarizona@gmail.com**