



National Association of Insurance and Financial Advisors – Political Involvement Committee

District Meeting Response Form

Please complete one form for every meeting held in the district.

Your Name _____ Today's Date _____

Legislator's Name _____

Date of Meeting _____

Legislative Staff Present (list name/s) _____

Other Meeting Attendees (list name/s) _____

Please list the issues discussed at the meeting and indicate whether the legislator agrees with NAIFA's position:

_____	<input type="checkbox"/> Agrees	<input type="checkbox"/> Disagrees
_____	<input type="checkbox"/> Agrees	<input type="checkbox"/> Disagrees
_____	<input type="checkbox"/> Agrees	<input type="checkbox"/> Disagrees
_____	<input type="checkbox"/> Agrees	<input type="checkbox"/> Disagrees

Please elaborate on the legislator's issue positions

Whom does your member of Congress work with across the aisle?

Is follow-up needed?

Another meeting with legislator Provide explanatory materials (please list below) Visit from a NAIFA staff person

PLEASE RETURN TO: APIC Office at NAIFA • 2901 Telestar Court • Falls Church, VA 22042-1205
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