



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

\_\_\_\_\_  
\_\_\_\_\_