

NCJW Advocacy Visit Report Form

Elected Official Visited: _____ State/District/City: _____

Met with: Official Only Official and Staff Staff Only

Staff in Attendance (names): _____

What issue(s) do the staff cover: _____

NCJW Members in Attendance: _____

Form Completed By (Name / Email / Phone #): _____

[Issue A / Legislation A Name & Bill #]

[Ask 1] Yes No

[Ask 2] Yes No

Comments:

[Issue B / Legislation B Name & Bill #]

[Ask 1] Yes No

[Ask 2] Yes No

Comments:

[Issue C / Legislation C Name & Bill #]

[Ask 1]

Yes No

[Ask 2]

Yes No

Comments:

Any other general comments/questions/follow-up needed?
