Legislative Visit Report

Feedback from your visits allows Michigan Pharmacists Association (MPA) to plan future advocacy and to identify potential allies in our legislative campaigns. Each MPA member is asked to complete a Legislative Visit Report for every meeting attended.

Name of Legislator _____
(If you met with a staff member instead of the legislator, indicate staff member's and legislator's name.)

District_____ Meeting Date_____ Meeting Time_____

House/Senate Bill Number Discussed (*if any*) _____

☐ Will Support ☐ Will Not Support ☐ No Comment

Legislator agrees with MPA's position? ☐ Yes ☐ No

Legislator disagrees with MPA's position? ☐ Yes ☐ No

Legislator undecided? ☐ Yes ☐ No

Legislator needs more information? ☐ Yes ☐ No

Please use the space below to provide any additional information you feel may be beneficial:

_____

_____

_____

Your Name _____Phone_____

Your E-mail _____

Please return the completed form to the MPA office.

MPA
MICHIGAN PHARMACISTS ASSOCIATION

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E-mail Form to MPA