VFW Legislation Action Form

Date of Legislative visit: _____

Name of Legislator: _____

District Number: _____

Name of who you spoke to: _____

Did they commit to sponsoring our priorities? ☐ Yes ☐ No

Notes:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

VFW Member Name: _____

District: _____

Post: _____