Unifor MP Lobby Report Form



Date of Meeting:	
Location:	
MP Name:	
Riding:	
Name and contact information for any MP staff who sat in on the meeting:	
Thank you so much for being involved.	Do you want to join our Political Activist email list?
(please circle) Yes No	- ·

Please return completed report to:

Unifor Membership Mobilization and Political Action Department 205 Placer Court Toronto, ON M2H 3H9

Fax: 416-495-6554 PoliticalAction@unifor.org

Lobby participants on behalf of Unifor

Fir	st Name:	Initials:	Last Name:		
Un	nion & Local:				
			Postal Code:		
Ph	ione:		Fax:		
	How did the meeting go	o?			
2.	Did the MP make any c				
3.	Were there any particular response or comments made by the MP that should be noted?				
4.	What follow-up is requ	ired?			
5.	Any other information	you think is important t	o share with Unifor's MMPA staff?		