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Form 23

Congressional Contact Report

Member of Congress contacted:_____

Or staff member contacted (name, title and name of Congressional office):_____

Date of contact:_

I met with: ☐ Member of Congress ☐ Staff Member

Type of contact made: ☐ **In person*** ☐ By phone ☐ By mail ☐ Email ☐ Fax
(check the appropriate box)

Summary of discussion or nature of meeting:

Contact made by:

_____ _____
Name Title

_____ _____
Chapter Name Chapter number

City / State / Zip Code

Please forward the original to the National Legislative Affairs Director
SCORE Association Office
1175 Herndon Parkway, Suite 900
Herndon, VA 20170
Fax: (703) 487-3066

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**To be counted toward chapter goals – the contact must be face-to-face (in person)* with either the Member of Congress or staff person.