

**LOCAL LEAGUE RESPONSE FORM TO
HEALTHCARE POSITION UPDATE**

LEAGUE NAME _____

DECISION MAKING PROCESS AND NUMBER OF MEMBERS PARTICIPATING

Please complete this response form and forward it to the state League by March 10, 2021. Local League members who participate in a Local League process may not submit an individual response to the update.

1. Do you approve the new position on HEALTHCARE?

Please check one of the Following:

_____ YES

_____ NO-Retain the current position.

Comments

2. Do you approve the new Position on FINANCING OF HEALTHCARE?

Please check one of the Following:

_____ YES

_____ NO-Retain the current position.

Comments

Mail, Fax or Email completed form by March 10, 2021.
to: LWVNYS, 62 Grand St, Albany, NY 12207
Fax: 518-465-0812 Email: Laura@lwvny.org
Questions: Call the League at 518-465-4162