



Member Needs and Satisfaction Surveys*

*Samples provided by contributing participants of ASAE¹'s Executive Section listserv – Spring 2005.

¹ American Society of Association Executives – www.asaenet.org

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XXXX Member Satisfaction Survey

XXXX Statements

1. Please rate your level of agreement or disagreement with the following statements on a five-point scale with '1' meaning you strongly disagree and '5' meaning you strongly agree. Circle the appropriate response or 'NA' if not applicable.

	Strongly Disagree			Strongly Agree		
a) XXXX understands my professional needs.	1	2	3	4	5	N/A
b) XXXX provides relevant information.	1	2	3	4	5	N/A
c) XXXX provides me with timely information.	1	2	3	4	5	N/A
d) XXXX communicates information effectively to me.	1	2	3	4	5	N/A
e) XXXX offers ample opportunities for involvement.	1	2	3	4	5	N/A
f) XXXX meets my continuing education needs.	1	2	3	4	5	N/A
g) XXXX effectively advances pharmacy practice.	1	2	3	4	5	N/A
h) XXXX effectively informs me about laws and regulations.	1	2	3	4	5	N/A
i) XXXX is effective in its advocacy efforts.	1	2	3	4	5	N/A
j) XXXX effectively promotes a national awareness of health-system pharmacists	1	2	3	4	5	N/A
k) XXXX effectively informs me about ways to prevent medication errors.	1	2	3	4	5	N/A
l) XXXX provides networking opportunities that meet my needs	1	2	3	4	5	N/A

2. Please rate your satisfaction with the following items on a five-point scale with '1' meaning you are very dissatisfied and '5' meaning you are very satisfied. Circle the appropriate response or 'NA' if not applicable.

	Very Dissatisfied			Very Satisfied		
a) XXXX Monthly Membership Packet	1	2	3	4	5	N/A
b) American Journal of XXXX	1	2	3	4	5	N/A
c) XXXX E-mail NewsLinks	1	2	3	4	5	N/A
d) XXXX Web site: www.XXXX.org	1	2	3	4	5	N/A
e) Issue Discussion Groups and ListServes	1	2	3	4	5	N/A
f) Overall XXXX Membership	1	2	3	4	5	N/A

3. How well does your experience with XXXX compare with your level of expectation? Please use a five-point scale with '1' meaning XXXX greatly falls below expectations and '5' meaning XXXX greatly exceeds expectations. Circle N/A if you have not communicated with XXXX by the methods indicated.

Type of Contact...	Greatly Falls Below Expectation	Falls Below	Meets	Exceeds	Greatly Exceeds Expectation	
a) Registering for a meeting at www.XXXX.org	1	2	3	4	5	N/A
b) Registering for a meeting by mail	1	2	3	4	5	N/A
c) Registering for a meeting by phone	1	2	3	4	5	N/A
d) Ordering a publication at www.XXXX.org	1	2	3	4	5	N/A
e) Ordering a publication by mail	1	2	3	4	5	N/A
f) Ordering a publication by phone	1	2	3	4	5	N/A
g) Other e-mail/Internet communication	1	2	3	4	5	N/A
h) Other telephone communication	1	2	3	4	5	N/A
i) Contact with XXXX staff for practice information	1	2	3	4	5	N/A
j) Overall Expectations of XXXX	1	2	3	4	5	N/A

4. How likely are you to recommend XXXX to a colleague?

Not Likely 1 2 3 4 5 **Very Likely**

- 4a. How likely are you to actively recruit XXXX members if given the tools (membership/benefit information)?

Not Likely 1 2 3 4 5 **Very Likely**

Practice Needs

5. Are you a member of any of the XXXX sections/forums listed below? **(Select all that apply.)**

- 01 __ AAAA Section
 02 __ BBBB Section
 03 __ CCCC Section
 04 __ Not a member of any of the above

6. How well does XXXX meet your practice needs?

Does Not Meet Needs 1 2 3 4 5 **Meets Needs**

7. What can XXXX do to improve the value of your membership?

XXXX Web site

8. How often do you visit the XXXX Web site?

- 01 __ Daily 02 __ Once or twice a week 03 __ Monthly 04 __ Less than monthly/occasionally
 05 __ Never **(Skip to question 11.)**

9. How satisfied are you with the XXXX Web site on the following attributes?

	Very Dissatisfied			Very Satisfied		
a) Usefulness of Information	1	2	3	4	5	N/A
b) Ease of locating Information	1	2	3	4	5	N/A
c) Section/forum information (custom views)	1	2	3	4	5	N/A
d) Timely news relevant to my practice	1	2	3	4	5	N/A
e) XXXX On-line catalog and shopping cart	1	2	3	4	5	N/A
f) American Journal of XXXX on-line	1	2	3	4	5	N/A
g) XXXX Practice Guidelines	1	2	3	4	5	N/A
h) XXXX Resource Centers (e.g., XXXX, etc.)	1	2	3	4	5	N/A

10. Please rate your Overall Satisfaction with the XXXX Web site.

Very Dissatisfied 1 2 3 4 5 **Very Satisfied**

11. How do you prefer to receive the following XXXX communications?

	Regular Mail	E-mail	Both
a) Membership/subscription renewal information	1. _____	2. _____	3. _____
b) Meeting Information	1. _____	2. _____	3. _____
c) Product Information	1. _____	2. _____	3. _____

Demographics

12. What is your primary position? **(Please select only one.)**

01 __ Director/Asst. Director 03 __ Clinical xxxx 05 __ Academic/Faculty 07 __ Industry
 02 __ Manager/Supervisor 04 __ Staff xxxx 06 __ Consultant 95 __ Other _____

13. Which of the following best describes your work setting. **(Please select only one.)**

01 __ Hospital/Health-system 03 __ Home Care Organization 05 __ College/University
 02 __ Managed Care/HMO 04 __ Nursing Home/LTCF 06 __ Industry Setting
 95 __ Other _____

14. What is your primary practice focus? **(Please select only one.)**

01 __ Acute Care 03 __ Managed Care 95 __ Other _____
 02 __ Ambulatory Care 04 __ Long-term Care

15. Approximately how long have you been an XXXX member? _____ Years

16. Approximately how long have you been a practicing xxxx? _____ Years

17. To which age group do you belong? __ a) 34 or younger __ b) 35-44 __ c) 45-54 __ d) 55 and over

Thank you for your participation.

I. Demographic Information

1. I have been a member of SFDDA for:
- ☐ Less than 1 year
 - ☐ 1-5 years
 - ☐ 6-10 years
 - ☐ 11-20 years
 - ☐ over 20 years
2. My age is:
- ☐ 20-30
 - ☐ 30-40
 - ☐ 40-50
 - ☐ 50-60
 - ☐ 60-70
 - ☐ Over 70
3. My gender is:
- ☐ Female
 - ☐ Male
4. My primary practice is in one of the following ADA recognized areas:
- ☐ General Dentistry
 - ☐ Endodontics
 - ☐ Prosthodontics
 - ☐ Pediatric Dentistry
 - ☐ Periodontics
 - ☐ Orthodontics
 - ☐ Oral Pathology
 - ☐ Oral & Maxillofacial Surgery
 - ☐ Public Health
 - ☐ Oral Radiology
5. Check all that apply to you. I am also a member of:
- ☐ Study Club(s)
How often do you attend per year? _____
Do you have a leadership role? ☐ Yes ☐ No
 - ☐ Affiliate Society(s)
How often do you attend per year? _____
Do you have a leadership role? ☐ Yes ☐ No
 - ☐ Specialty Organization(s)
How often do you attend per year? _____
Do you have a leadership role? ☐ Yes ☐ No
 - ☐ Dental Honor Society
How often do you attend per year? _____
Do you have a leadership role? ☐ Yes ☐ No
6. My ethnic background is:
- ☐ White non-Hispanic
 - ☐ Hispanic
 - ☐ African-American
 - ☐ Caribbean/Haitian
 - ☐ Native American
 - ☐ Asian
 - ☐ Other _____

II. Survey Data

Of the following topics, please list the three (3) most critical to your practice by checking the appropriate boxes, and then indicate by listing 1-5 which issues the SFDDA should allocate more resources to:

Issue	Most Critical (check 3)	SFDDA should allocate resources (top 5, 1-5)
Managed Care/HMO		
Practice Management		
Health Care Reform		
Finding Qualified Staff		
Motivating Staff		
Advocacy for the Profession		
Maintaining Profitability		
Malpractice and Other Law Suits		
Infection Control		
OSHA and DERM Compliance		
Affordable Continuing Education		
Time Management		
Patient Flow		
Public Perception of Dentistry & Dentists		
Competition Among Dentists		
Getting Referrals		
Leadership development		
Dispute Mediation		

Please indicate how you perceive the SFDDA is doing on the following services by checking the boxes from 1 – 5, where 1 is the best and 5 is the worst.

MEMBERSHIP	1	2	3	4	5
New Member Recruitment					
Member Retention					
Finding and Providing Member Benefits					
Offering Volunteer Opportunities					
Setting Dues at Reasonable Rate					
STAFF	1	2	3	4	5
Are Well-Managed and Organized					
Communicates Well with Members					
Supports Members' Needs					
Are Hardworking and Effective					
HEADQUARTERS OFFICE	1	2	3	4	5
Well-Located for Members' Convenience					
Proper Size for Efficient Usage					
Clean and Attractive					
EXECUTIVE COUNCIL	1	2	3	4	5
Effectively Leads the Association					
Communicates Well with Members					
Represents Membership Diversity					
Represents ALL Members					
CONTINUING EDUCATION	1	2	3	4	5
Offers Enough CE Courses Throughout Year					
Fees Set for Courses					
Offers Courses on Current Issues of Interest					
Sets Dates and Times for Courses					
NEWSLETTER	1	2	3	4	5
Provides Useful Information					
Provides Timely Information					
Right Amount of Issues (6 per year)					
Right Amount of Articles Offered in Spanish					
POLITICAL ACTION	1	2	3	4	5
Represents Members at the FDA Level					
Represents Members at the ADA Level					
Supports Local Politicians Through the DADEPAC					
Represents Members at the Florida Legislature					
RELATIONS WITH THE PUBLIC	1	2	3	4	5
Gets Articles in Newspapers/TV/Radio					
Provides Successful Dental Referral Service					
Advertises SFDDA to the Public Through Paid Ads					
Provides Adequate Method for Complaints					
Maintains a High Image of Dentists and Dentistry					

Please answer the following questions regarding the use of **technology**:

I have a computer either at home or at work that has Internet Access: Yes ____ No ____

I would like the SFDDA to offer courses on computer usage for dentists: Yes ____ No ____

The SFDDA should utilize the Internet to communicate with members: Yes ____ No ____

I have accessed the SFDDA and/or MWM Website: Yes ____ No ____

I would like to receive my Newsletter and other written material via email: Yes ____ No ____

The SFDDA Website can be improved in the following ways (please list suggestions and ideas)

Please answer the following questions about **unmet needs** and **diversity**:

Have you ever used the Association as a resource?

☐ Yes ☐ No

If yes, what was the need? _____

Did you get the help you required? _____

Have you ever held a leadership role in the SFDDA?

☐ Yes ☐ No

Are you interested in holding a leadership position in the Association? (see page 4 for additional information)

☐ Yes ☐ No

If yes: Have you ever been approached by anyone asking you to assume a leadership role?

☐ Yes ☐ No

Have you ever approached anyone to ask for a leadership role?

☐ Yes ☐ No

Should the association provide more services for retired/life members?

☐ Yes ☐ No

Should activities be planned for specific age groups within the assoc.?

☐ Yes ☐ No

Interest groups? ☐ Yes ☐ No

Ethnic/cultural groups? ☐ Yes ☐ No

I enjoy the practice of dentistry in South Florida? ☐ Yes ☐ No

My patients reflect the diversity of the community? ☐ Yes ☐ No

Please indicate your perception of the following topics by checking one of the boxes:

Topic	Too much	About right	Not enough
Content of dental meetings: i.e. Speaker Presentations			
Amount of politics within organized dentistry			
Continuing Education			
Number of Meetings			
Networking Opportunities			
Current information provided (non-clinical)			

- ☐ In Broward County?
- ☐ On Miami Beach?
- ☐ In Downtown Miami?

Topics of Interest	
Quality of Speakers	
Location of Meeting	
Cost of Courses	
Cost for Auxiliary Staff	
Ease of Parking	
Number of Exhibitors	
Good Parties	
Whether My Friends Are Going	
Good Courses Offered in Spanish	

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Please print your name and telephone number if you would like to be contacted to give additional information.



2004 Survey of the Membership

The **Better Business Bureau** strives to serve you, our members, through its many services. You make a difference in the programs and benefits you receive from your Bureau by telling us what you need and what you think. We implemented 19 of your top requests for new benefits in the last eleven years. We truly appreciate the time you take to complete this questionnaire.

All respondents who identify themselves will be placed in a drawing to win a gift certificate for Parmizzano's Italian Caffe/Marriott Hotel - Dayton.

A Please indicate how important these services / aspects are to your company (circle response)

	very important				not at all important	not familiar
1 The report the BBB gives consumers about my company	5	4	3	2	1	0
2 Enhanced credibility my company receives as a BBB member	5	4	3	2	1	0
3 BBB Membership Identification Program (MIP), dispute resolution and use of BBB logo	5	4	3	2	1	0
4 Overall importance of BBB membership to you	5	4	3	2	1	0
5 Reports on charities, including the <i>Giving Smart From The Heart</i> brochure	5	4	3	2	1	0
6 <i>Fax Alerts</i> and <i>News To Use</i> fax broadcasts, giving information on scams, marketplace tips & BBB events	5	4	3	2	1	0
7 The BBB newsletter, <i>Connection</i>	5	4	3	2	1	0
8 Complaint handling process	5	4	3	2	1	0
9 Arbitration/mediation	5	4	3	2	1	0
10 Membership standards	5	4	3	2	1	0
11 Advertising review, promoting truth in advertising	5	4	3	2	1	0
12 Eclipse Integrity Awards, recognition program	5	4	3	2	1	0
13 Workers' Compensation group rating discount	5	4	3	2	1	0
14 BBB web site, www.dayton.bbb.org	5	4	3	2	1	0
15 BBB Legal Line, free legal assistance	5	4	3	2	1	0
16 BBBOnLine, use of BBB logo on the Internet	5	4	3	2	1	0
17 Member directory, <i>Guide to Miami Valley Businesses</i>	5	4	3	2	1	0
18 Scam Jam, annual consumer protection event	5	4	3	2	1	0
19 Advertising (<i>Dayton Daily News</i> ads, BBB web site banners, Alltime Line sponsorships, BBB newsletter ads)	5	4	3	2	1	0

B Please indicate your interest in the following services *if* they were provided by the BBB (circle response)

	very interested	interested	some interest	little interest	no interest
1 Business advice/training on:					
A. Protection from fraud against businesses	5	4	3	2	1
B. Developing a code of ethics and values	5	4	3	2	1
C. Help with clear and effective advertising	5	4	3	2	1
D. Fraud protection for your employees	5	4	3	2	1
E. Effective complaint handling for your staff	5	4	3	2	1

More questions on back

- 2 What other services does your business need from the BBB? _____
- 3 It would be most convenient to attend seminars/trainings held:
- ☐ early morning ☐ morning ☐ noon ☐ afternoon ☐ evening

C Member Profile

- 1 How long have you been a BBB member? ☐ less than 1 year ☐ 1-5 years ☐ 6-10 years ☐ 11-15 years
☐ 16-20 years ☐ 21+ years ☐ don't know
- 2 How many full-time employees do you have? _____
- 3 Are you displaying your membership plaque? ☐ yes ☐ no because _____
- 4 Are you displaying your BBB Code of Ethics? ☐ yes ☐ no because _____
- 5 If you are a BBBOnLine member, do you display the BBBOnLine seal on your web site?
☐ yes ☐ no because _____
- 6 Have you used the BBB's web site? ☐ yes ☐ no because _____
- 7 Would you like to receive *Fax Alerts* and *News To Use* fax broadcasts - reports on scams, marketplace tips & BBB events? (Please keep in mind that you must have a dedicated fax line to take advantage of this service.)
☐ yes _____ ☐ no
(fax number)
- 8 Would you like to receive e-mail news, similar to *Fax Alerts* and *News To Use*?
☐ yes _____ ☐ no
(e-mail address)
- 9 How would you prefer to receive communication from the Better Business Bureau?
☐ mail ☐ fax ☐ e-mail
- 10 Have you used the BBB's services in the last year?
☐ yes _____ ☐ no
(which services have you used)
- 11 Your name, title & company (required for prize drawing): _____



Thank you for your feedback. Please return by May 17. Just tape closed with address showing, stamp and send. Or, fax your completed survey to (937) 222-3338. (If you have additional comments/suggestions, please attach another sheet.)



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stamp
here



DRAFT 2004 AXXA MEMBERSHIP NEEDS ASSESSMENT

Managing today's water resources challenges is becoming increasingly more complex with water resources problems no longer being solved by a singular discipline. Input from the multiple disciplines found in the water resources community is the key to finding long-term solutions. The need for an organization such as the ----- Association (AXXA) is acute.

The AXXA Board of Directors has been engaged in a comprehensive strategic thinking process which is focused on identifying, anticipating, and meeting member needs.

To that end, we need your help---- our co-creators in the future of AXXA. We would appreciate your taking some time to complete our member needs assessment. Your input will be a valuable source for assisting the Board in their process of charting AXXA's envisioned future. Since AXXA is YOUR organization, we need to know your opinions as we partner in charting our future! Your perspective is CRUCIAL.

Please note that the three questions marked with *asterisks* are REQUIRED.

Those responding by FRIDAY, OCTOBER 8, 2004 will be included in a drawing for a free registration for the 40th Anniversary XXXXXXXX Conference in Orlando, Florida, November 1-4, 2004! This is a \$490 value!

PART A: WHERE ARE WE NOW?

Please rate each of the following current AXXA member benefits from 1 to 5 based on its value to you. A rating of 1 means the service has no value, a rating of 5 indicates the service is of great value. Use NA to indicate non applicability.

Journal of the XXXXXXX Association
Water Resources IMPACT
Connections, AXXA E-Newsletter
Specialty Conferences
Annual Water Resources Conference
Conference Proceedings
Online Job Postings
State Sections/Student Chapters
Online Membership Directory
Technical Committee Interaction
Online Journal articles
Online IMPACT articles
Distance learning at waterlearn.org
Mentoring Program
Access to AXXA scholarships and awards

For Corporate and Institutional Members only- Free Proceedings
Resume Postings
Other

Including AXXA, how many water resources association memberships do you hold?

What association best meets your professional needs?

What do you most value in that membership? PLEASE CHECK ALL THAT APPLY.

- Quality of publications
- Website content
- Networking opportunities
- Scientific content of meetings
- Career enhancement
- Timely professional news

The following is a list of initiatives that could be undertaken by AXXA to increase the value of your membership. Using a scale of 1 to 5, with 1 = no interest and 5 = great interest, rate each of the following. Use NA to indicate non applicability.

Enhance and expand AXXA's website

- Webinars (Online seminar with other people- using both computer and telephone)
- Blogs (Web dialogues)
- Other, please specify

Online travel services for personal and professional use at significantly discounted rates

Professional liability insurance

Other, please specify

What do you find indispensable in your AXXA membership?

Have you attended an AXXA Conference in the last 4 years?

Yes

No

If yes, how many?

Why did you attend the conference(s)? PLEASE CHECK ALL THAT APPLY.

- Technical content of meeting
- Presented a paper
- Opportunity to network with peers
- Participate in a conference which is multidisciplinary
- Exposure to an unbiased scientific forum

If you missed an AXXA Annual Conference in the last four years, why? PLEASE CHECK ALL THAT APPLY.

- Conference location

- Time of conference
- Program content
- Other professional meeting of higher priority
- Personal commitments
- Value perceived not worth the cost
- Registration fee
- Other, please specify

WEBSITE INVOLVEMENT

Have you ever logged on to the AXXA website?

Yes

No

If so, what was your purpose and were your needs met?

What are the strengths of the website? Its weaknesses?

If you have not logged on, what is the barrier to your participation?

How could the value of the AXXA website be enhanced?

PUBLICATIONS

****Journal of the American Water Resources Association***

In the past 5 years have you ever published a paper in the Journal of the American Water Resources Association?

If yes, why?

If no, why not?

Would you consider publishing in the future? Why/why not?

The value of JAXXA could be further enhanced by:

AXXA currently provides each member with a printed copy of JAXXA bi-monthly as well as online access via our website. Should we:

- Continue as is, no changes
- Allow one to select the delivery method one prefers
- Provide electronic version only

****Water Resources IMPACT***

In 1999, AXXA started publishing a new magazine entitled *Water Resources IMPACT*. Its purpose is to focus on emerging water resources issues with an eye toward practical, multidisciplinary approaches to solving these challenges.

Has the purpose of IMPACT been achieved?

Yes

No

If not, why not?

Has the content of the issues been relevant to you?

Yes

No

If not, please suggest topics you would like to see covered in future issues.

Water Resources IMPACT is delivered in a similar manner as JAXXA. Should we:

- Continue as is, no changes
- Allow one to select the delivery method one prefers
- Provide electronic version only

****Specialty Conference Proceedings***

The proceedings of the AXXA Specialty Conferences are now provided in CD ROM format. Should we:

- Continue publishing them in this format
- Revert to printed version only

PART B: WHERE DOES AXXA GO FROM HERE?

What one single service could AXXA provide that would make us indispensable to you?

How could AXXA enhance its stature in the water resources community?

What do you see as your three greatest professional challenges in the next three years?

What three specific benefits can AXXA provide to help you meet these challenges?

What trends in water resources management, education and research do you see?

What role should AXXA play in the water resources arena?

Do you think AXXA should have a global presence?

Yes

No

If yes, how should we grow our involvement?

If not, why not?

Do you think the trend of multidisciplinary solutions to water resources problems is increasing?

Yes

No

If yes, why

If no, why not?

Dues Structure

Currently, AXXA follows the traditional single annual dues model. In this model, members receive all benefits for one cost; i.e. JAXXA, IMPACT, discounted publications and conference discounts. Historically, this has been done to foster cross disciplinary communications.

Would you prefer a dues structure such as:

Reduced annual fee which would give you access to the website only, and a separate add-in fee for JAXXA and IMPACT publications if you wished to receive them?

Yes

No

Slightly higher annual fee (than what was mentioned in first example), which would include web access and IMPACT only, with JAXXA as an add-on publication for an additional fee?

Yes

No

Tell us about Yourself

How long have you been a member of AXXA?

Less than 1 yr

1-3 yrs

4-6 yrs

7-10 yrs

10-20 yrs

Over 20 yrs

Were you ever a student member of AXXA?

Yes

No

What is your current membership status?

Regular Member

Student Member

Transitional Member

Corporate Member
Institutional Members
Retired Member
International Electronic Member

Who pays your dues?

Employer
You
Shared

Do you consider AXXA your primary professional association?

Yes
No

If no, why not and what association do you consider your primary professional association? Why?

Please check ALL of the professional associations to which you belong:

American Geophysical Union
American Society of Civil Engineers
American Society of Agricultural Engineers
American Institute of Hydrology
American Water Works Association
American SL Organization
Ecological Society of America
Geological Society of America
National Groundwater Association
Soil and Water Conservation Society
Society of Wetland Scientists
WEF
Others (please specify)

Do you belong to an AXXA State Section? If so, which state?

Please indicate your age range:

Under 25
26 to 32
33 to 42
43 to 50
51 to 60
Over 60

Gender:

Female
Male

Please indicate your salary range:

Under \$30K
\$30K-\$45K
\$46-\$60K
\$61K-\$85K
\$86K-\$100K
\$101K-\$125K
Over \$125K

Do you have management responsibilities as a primary part of your job?

Yes

No

If so, please describe them.

Job Title

Management (Pres, VP, Div Head, Sect Head, Manager, Chief Engineer)
Engineering (Non-mgmt; i.e., civil, mechanical, planning, systems designer)
Scientific (Non-mgmt; i.e., biologist, hydrologist, analyst, geologist, hydrogeologist)
Marketing/Sales (Non-mgmt)
Faculty
Student
Attorney
Retired
Computer Scientist (GIS, modeling, etc.)
Elected/Appointed Official
Volunteer/Interested Citizen
Non-Profit
Other: _____

Employer

Educational Institution (Faculty/Staff)
Educational Institution (Student)
Federal Government
Consulting Firm
Industry
Law Firm
Local/Regional Gov't Agency
State/Interstate Gov't Agency
Non-Profit Organization
Retired
Other: _____

Education

High School
Associates
Bachelor of Arts
Bachelor of Science

Master of Arts
Master of Science
Juris Doctor
Doctorate
Other: _____

Discipline

Agronomy
Biology
Chemistry
Economics
Education
Engineering
Forestry
Geography
Geology
GIS
Hydrology
Journalism
Law
Limnology
Oceanography
Physics
Political Science
Public Health
Soil Science
Other: _____

Which of the following certifications or licenses do you hold? Check all that apply.

Professional Geologist
Professional Engineer
Professional Wetland Scientist
Professional Hydrologist
Other, please specify

What would you say is the single most important reason for belonging to AXXA?

What is the single most important message AXXA should get across in recruiting new members?

Please add any further comments regarding AXXA or this survey here.

***Thank you for your gift of time in completing the 2004 AXXA membership assessment.
If you would like to be eligible for the drawing for a free registration to the 2004
Annual Conference in Orlando, please enter your name here.***

Sample Member Survey

In an effort to meet your membership needs, the organization needs your feedback. Please take a moment to complete this on-line survey and submit it by _____. Thank you.

1. Membership Type: ☐ Active Member

☐ Associate Member

☐ Student Member

2. What is your overall satisfaction level? (Please check on box)

☐ Very Satisfied

☐ Satisfied

☐ Dissatisfied

☐ Very Dissatisfied

☐ No opinion

3. Please indicate if you attend or use the following services and activities. (Check all that apply)

☐ Annual Convention Workshops

☐ Review Course

☐ Rules and Regulations Compliance Seminar

☐ Annual Monographs and White Papers

☐ Monthly Newsletter

☐ Website

☐ Poster Presentation

☐ Annual Convention Dinner/Lunch Symposiums

☐ Annual Convention Exhibit Hall

☐ Committee Involvement

4. Please indicate your satisfaction level with the following services and activities using the following scale:

1 = Very Satisfied 2 = Satisfied 3=Dissatisfied 4 = Very Dissatisfied 0 = No opinion

	1	2	3	4	0
Annual Convention Workshops					
Annual Conv Dinner and/or Lunch Symp					
Annual Convention Exhibit Hall					
AE-C Review Course					

Newsletter

Poster Presentation

Website

5. What member service should organization be providing that it does not currently provide?

Please see end of survey tally.

6. Using the statements below to describe the organization, indicate how much you agree or disagree

A. Association promotes the professional effectively:

☐ Agree

☐ Strongly Agree

☐ Disagree

☐ Strongly Disagree

B. Organization that raises the competence of health care professionals who educate individuals and families affected by _____:

☐ Agree

☐ Strongly Agree

☐ Disagree

☐ Strongly Disagree

C. Organization that provides important networking opportunities

☐ Agree

☐ Strongly Agree

☐ Disagree

☐ Strongly Disagree

D. We are an organization that raises the standard of care and quality for patients.

☐ Agree

☐ Strongly Agree

☐ Disagree

☐ Strongly Disagree

E. We are an organization that strives to improve health outcomes for individuals and families affected.

☐ Agree

☐ Strongly Agree

☐ Disagree

☐ Strongly Disagree

F. We are an organization that keeps its members informed of key legislative issues

☐ Agree

☐ Strongly Agree

☐ Disagree

☐ Strongly Disagree

7. Please indicate which of the three items listed (A. through F.) in number 6 are the most important for you:

A =

B =

C =

D =

E =

F =

8. Please rate the quality of customer service you have received from staff with whom you have interacted (at conferences, on the phone, via email, via mail)

☐ Outstanding

☐ Good

☐ Fair

☐ Poor

☐ Have no basis for evaluation

9. Have you ever served on an association committee, board, task force?

☐ Yes

☐ No

10. Please indicate committees on which you would like to serve:

Membership ☐ Yes ☐ No

Strategic Planning ☐ Yes ☐ No

Communications ☐ Yes ☐ No

Program Development ☐ Yes ☐ No

Fundraising ☐ Yes ☐ No

Ethics ☐ Yes ☐ No

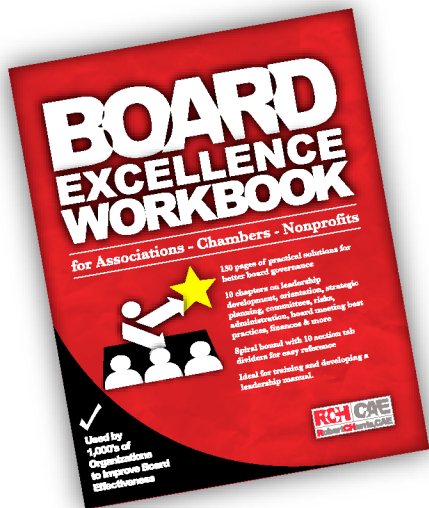
Nominating ☐ Yes ☐ No

Speakers Bureau ☐ Yes ☐ No

1. **Write-In Suggestions:**

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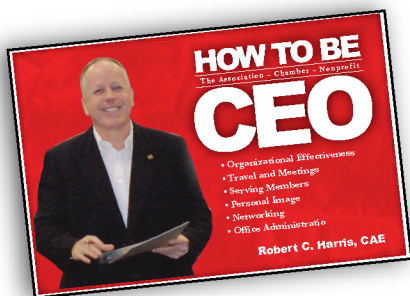
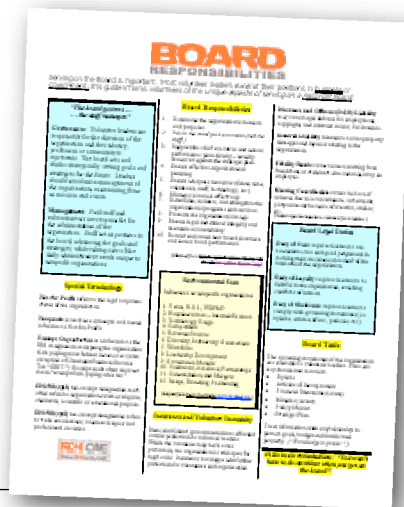
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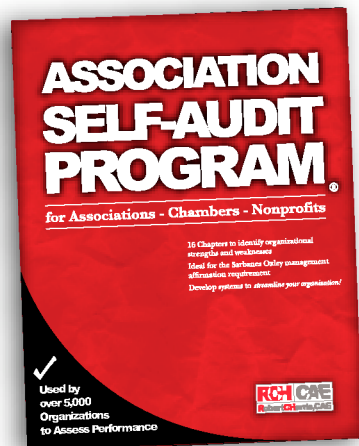
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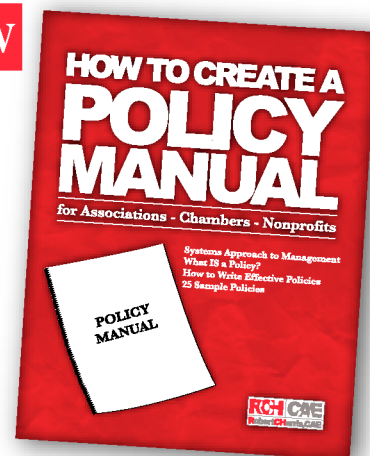
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