



# Member Needs and Satisfaction Surveys<sup>\*</sup>

<sup>\*</sup>Samples provided by contributing participants of ASAE<sup>1</sup>'s Executive Section listserv – Spring 2005.

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<sup>1</sup> American Society of Association Executives – [www.asaenet.org](http://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.

|                                                                                | <b>Strongly<br/>Disagree</b> |   |   | <b>Strongly<br/>Agree</b> |   |     |
|--------------------------------------------------------------------------------|------------------------------|---|---|---------------------------|---|-----|
| 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.

|                                           | <b>Very<br/>Dissatisfied</b> |   |   | <b>Very<br/>Satisfied</b> |   |     |
|-------------------------------------------|------------------------------|---|---|---------------------------|---|-----|
| 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<br>Below<br>Expectation | Falls<br>Below | Meets | Exceeds | Greatly Exceeds<br>Expectation |     |
|--------------------------------------------------------------------------------|---------------------------------------|----------------|-------|---------|--------------------------------|-----|
| a) Registering for a meeting at <a href="http://www.XXXX.org">www.XXXX.org</a> | 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 <a href="http://www.XXXX.org">www.XXXX.org</a>    | 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?

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## 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?

|                                             | <b>Very Dissatisfied</b> |   |   | <b>Very Satisfied</b> |   |     |
|---------------------------------------------|--------------------------|---|---|-----------------------|---|-----|
| 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?

|                                                | <b>Regular Mail</b> | <b>E-mail</b> | <b>Both</b> |
|------------------------------------------------|---------------------|---------------|-------------|
| 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<br>(check 3) | SFDDA should<br>allocate resources<br>(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.

|                                                  |          |          |          |          |          |
|--------------------------------------------------|----------|----------|----------|----------|----------|
| <b>MEMBERSHIP</b>                                | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| New Member Recruitment                           |          |          |          |          |          |
| Member Retention                                 |          |          |          |          |          |
| Finding and Providing Member Benefits            |          |          |          |          |          |
| Offering Volunteer Opportunities                 |          |          |          |          |          |
| Setting Dues at Reasonable Rate                  |          |          |          |          |          |
| <b>STAFF</b>                                     | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| Are Well-Managed and Organized                   |          |          |          |          |          |
| Communicates Well with Members                   |          |          |          |          |          |
| Supports Members' Needs                          |          |          |          |          |          |
| Are Hardworking and Effective                    |          |          |          |          |          |
| <b>HEADQUARTERS OFFICE</b>                       | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| Well-Located for Members' Convenience            |          |          |          |          |          |
| Proper Size for Efficient Usage                  |          |          |          |          |          |
| Clean and Attractive                             |          |          |          |          |          |
| <b>EXECUTIVE COUNCIL</b>                         | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| Effectively Leads the Association                |          |          |          |          |          |
| Communicates Well with Members                   |          |          |          |          |          |
| Represents Membership Diversity                  |          |          |          |          |          |
| Represents ALL Members                           |          |          |          |          |          |
| <b>CONTINUING EDUCATION</b>                      | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| Offers Enough CE Courses Throughout Year         |          |          |          |          |          |
| Fees Set for Courses                             |          |          |          |          |          |
| Offers Courses on Current Issues of Interest     |          |          |          |          |          |
| Sets Dates and Times for Courses                 |          |          |          |          |          |
| <b>NEWSLETTER</b>                                | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| Provides Useful Information                      |          |          |          |          |          |
| Provides Timely Information                      |          |          |          |          |          |
| Right Amount of Issues (6 per year)              |          |          |          |          |          |
| Right Amount of Articles Offered in Spanish      |          |          |          |          |          |
| <b>POLITICAL ACTION</b>                          | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| Represents Members at the FDA Level              |          |          |          |          |          |
| Represents Members at the ADA Level              |          |          |          |          |          |
| Supports Local Politicians Through the DADEPAC   |          |          |          |          |          |
| Represents Members at the Florida Legislature    |          |          |          |          |          |
| <b>RELATIONS WITH THE PUBLIC</b>                 | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| 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)

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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 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.



# 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<br>important |   |   |   | not at all<br>important | not<br>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),<br>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<br><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,<br>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, <a href="http://www.dayton.bbb.org">www.dayton.bbb.org</a> .....                                              | 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<br>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<br>interested | interested | some<br>interest | little<br>interest | no<br>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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## **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 40<sup>th</sup> 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

---

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1. **Write-In Suggestions:**



## Survey Results

[INDIVIDUAL RESPONSES](#)

### Kentucky Chamber of Commerce Member Survey

**Report created on:** Monday, May 16, 2005 7:14:00 PM

#### 1. What should the goals of the Kentucky Chamber of Commerce be?

[VIEW](#) 90 Responses

#### 2. What one issue should the Kentucky Chamber champion?

[VIEW](#) 90 Responses

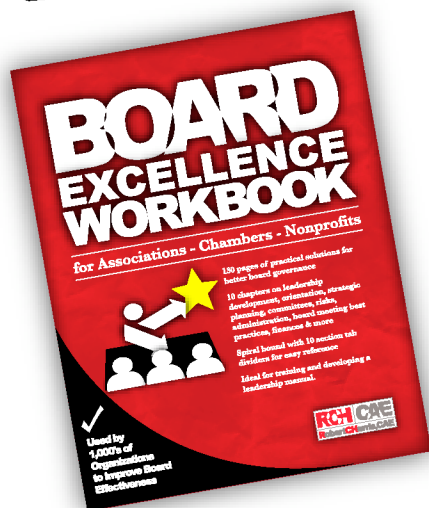
#### 3. What one member benefit should we provide to our members?

[VIEW](#) 90 Responses

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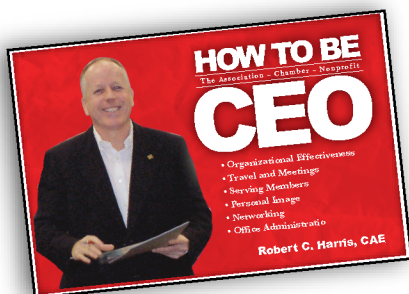
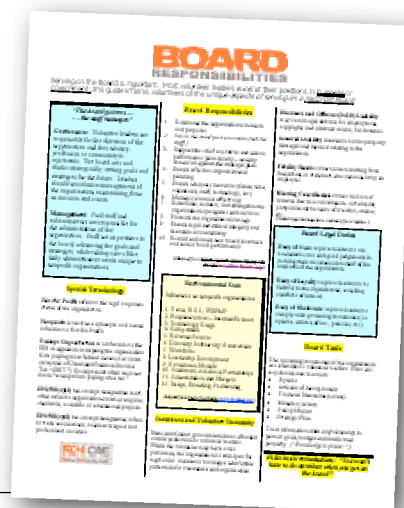
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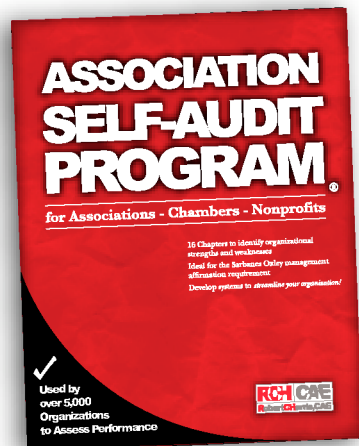
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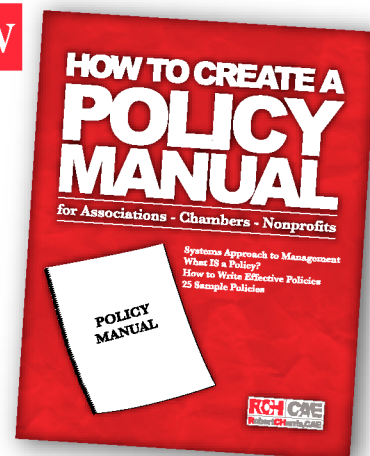
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