



ALEXANDER COUNTY CHAMBER OF COMMERCE

(Please fill out this survey and return it to the Chamber of Commerce, 16 W Main Avenue, Taylorsville, NC 28681 or fax to us 828-632-1096, thank you.)

Member Survey

	Yes	No	Somewhat
Do you feel that you have an adequate understanding of the Chamber of Commerce, its purpose, its mission, and how the Chamber helps you?			
Do you have adequate opportunities to know your fellow Chamber members?			
Are you familiar with the Chamber of Commerce and how it serves the community?			
Have you been to the Chamber of Commerce Office within the last 3 months?			
Are you satisfied about the type and quality of programs, events, and other community interactions hosted by the Chamber?			
<p>What are your areas of interest or involvement?</p> <p>1) Event Sponsorship Opportunities <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2) Leadership <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3) Business Before Hours/Business After Hours <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4) On-line Membership Directory <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5) Volunteer or be involved in activities <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6) Other, please explain.</p>			
<p>When you joined the Chamber of Commerce what did you expect in return for your investment?</p> <p style="text-align: center;">Marketing and Visibility Training or Education Credibility Relevant technical/community information Discounted Benefits Business Advocacy Other, please explain</p>	Yes	No	Somewhat
How long has your company been a Chamber of Commerce member?			
Which Chamber program or service best benefits your business?			
<p>Would you like to talk personally with the Chamber Executive Director or a Chamber Board member? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name _____ Company _____ Phone _____</p>			
Do you have any suggestions that could improve the Chamber?			
<p>Overall, how satisfied are you with the Alexander County Chamber of Commerce: (Circle one)</p> <p style="text-align: center;">Very Satisfied Satisfied Somewhat Satisfied Not Satisfied Unsure</p>			
Please list three (3) strengths of the Chamber.			
Please list three (3) needs of the Chamber.			
Additional Comments:			