



THE UNITED STATES JUNIOR CHAMBER®
MEMBER SURVEY FORM

Revised 11/01

Member's name: _____ Spouse's name: _____
 Member's birth date: _____ Spouse's birth date: _____
 Is spouse also a member? Yes No Would you consider asking your spouse to belong? Yes No
 Home phone: (_____) _____ Would child care be important to have at meetings? Yes No
 Children's names and birth dates: _____

Member's Occupation/Title: _____ Do you own/manage your own business? Yes No
 Employer/Supervisor's name: _____
 Work address: _____
 Work phone: (_____) _____ Accept calls at work? Yes No
 Spouse's occupation/title: _____ Does spouse own/manage own business? Yes No
 Employer/Supervisor's name: _____
 Work address: _____
 Work phone: (_____) _____ Accept calls at work? Yes No
 Education level: High School graduate Vocational School College graduate Graduate studies
 Income level: \$0-\$20,000 \$20,001-\$35,000 \$35,001-\$50,000 \$50,001+

Current affiliations with other organizations: _____
 Past personal achievements/awards you have received: _____

Past leadership experiences: _____

Church and other activities: _____
 Hobbies: _____
 Special skills: _____

Date joined the Junior Chamber: _____ Sponsored/referred by: _____
 How did you find out about the organization?: _____
 Do you desire to serve in a leadership position? Yes No Any particular area?: _____
 Areas of interest: _____

1. Do you feel the day, time, and place of chapter meetings is satisfactory? Yes No
 If no, what would you suggest? When _____ Where _____
2. What would you change about the chapter organization? _____
3. What programs/projects are needed to conduct in our community? _____
4. What projects interest you the most?

<input type="checkbox"/> Jaycees Against Youth Smoking	<input type="checkbox"/> Junior Chamber Family AIDS Network	<input type="checkbox"/> Shooting Education
<input type="checkbox"/> Ten Outstanding Young Americans	<input type="checkbox"/> National Outstanding Young Farmers	<input type="checkbox"/> Family Talk
<input type="checkbox"/> JCCBA - Web-based Training	<input type="checkbox"/> JCCBA - Seminar-based Training	<input type="checkbox"/> Other
5. Is there a project that we conduct now that you feel should be dropped? (Name) _____
6. Is there a project that we don't conduct now that you would like to see us start? (Name) _____
7. How can we better service the community? _____
8. How can we better serve you? _____

9. Who are three (3) people you would recommend to join the organization?

a. Name _____ Address _____
 Home phone (_____) _____ Work phone (_____) _____ Accept calls at work? Yes No

b. Name _____ Address _____
 Home phone (_____) _____ Work phone (_____) _____ Accept calls at work? Yes No

c. Name _____ Address _____
 Home phone (_____) _____ Work phone (_____) _____ Accept calls at work? Yes No