



## Member Satisfaction Survey

Date: \_\_\_\_\_  
(MM/DD/YYYY)

Name: (please print) \_\_\_\_\_  
(First) (Last)

Do you attend chapter meetings? ( ) Yes ( ) No

If yes, how often do you attend? ( ) Monthly ( ) Six times a year ( ) Seldom

If No, is it because of the date, time, location or lack of communication on when and where or another reason, please explain?

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Are these meetings productive? ( ) Yes ( ) No

If No, how could the chapter improve the meetings?

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Does the chapter leadership communicate with the members? ( ) Yes ( ) No

If No, how can they improve?

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Would you be willing to participate in Chapter Programs as volunteer? (List program/s)

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Thank you for your participation in this survey! **VVA Chapter Board of Directors**

Please turn this form into one of the Chapter Officers.