

Professional Association Member Feedback Questionnaire

Please print and complete this feedback questionnaire. Your input helps us improve the services, events, and educational resources we provide to our professional community.

1. General Member Information

Full Name:

Membership ID Number:

Current Job Title / Role:

Industry / Sector of Employment:

2. Membership Experience

How many years have you been a member of the Association?

Local Chapter or Regional Group (if applicable):

What is the single most valuable benefit of your membership? (e.g., networking, journal, certifications):

3. Resource & Event Evaluation

Rate our Association website usability (Scale 1 to 5, where 1 is poor and 5 is excellent):

Did you attend the Annual National Conference this year? (Yes / No):

If you attended, what is your primary feedback regarding the session topics?

Rate the relevance of our industry publications/journals (Scale 1 to 5, where 1 is poor and 5 is excellent):

4. Professional Development & Future Interests

What specific topics or training areas would you like to see featured in future webinars or seminars?

Would you be interested in participating in a professional mentorship program? (Specify: As a Mentor / As a Mentee / No):

5. Additional Comments and Suggestions

Rate your overall satisfaction with your membership experience (Scale 1 to 5, where 1 is poor and 5 is excellent):

Please write any additional suggestions or comments on how we can better support your career: