

# MEMBERSHIP SURVEY

In order to make sure members have the opportunity to serve in a capacity that they have expertise in, or are just interested in, please complete the following survey!

[Turn your completed survey into Tony Leonardi. Thanks!]

**As a member of TRIAD WOODCARVERS, I would be happy to assist in the following areas if elected, appointed or needed:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

*(Please check all that are applicable)*

Experience ?

Specify

- |                                    |                          |                              |                             |       |
|------------------------------------|--------------------------|------------------------------|-----------------------------|-------|
| 1. Public Relations                | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |       |
| 2. Membership                      | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |       |
| 3. Fundraising                     | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |       |
| 4. Socials                         | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |       |
| 5. Information Tech.               | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |       |
| 6. Woodcarving Events              | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |       |
| 7. Art Show Events                 | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |       |
| 8. Newsletter                      | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |       |
| 9. Nominations                     | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |       |
| 10. Instructor                     | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |       |
| 11. Woodcarving (STEM)             | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |       |
| 12. Pyrography (STEM)              | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |       |
| 13. Sunshine Committee             | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |       |
| 14. Library                        | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |       |
| 15. Angel of Hope                  | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |       |
| 16. Photographer                   | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |       |
| 17. Club Officer                   | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | _____ |
| 18. Board of Directors             | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |       |
| 19. Other_ <i>(Please specify)</i> |                          |                              |                             |       |

\_\_\_\_\_ Yes  No

\_\_\_\_\_ Yes  No

\_\_\_\_\_ Yes  No

\_\_\_\_\_ Yes  No

*(Please use the back of this sheet for any additional information)*