[ASSOCIATION NAME]

[INSERT YEAR] Membership Survey

INSERT INTRO & INSTRUCTIONS HERE (This should include a brief statement of purpose and encourage participation. It should also include instructions on completing and returning survey [if by mail], as well as a due date. A cover letter/e-mail should accompany the survey.)

Questions about You and Your Practice

**Which category best describes your employment status? (*Please check only one*)**

Own your own practice (co-owner or shareholder in a corporation)

Work for a practice

Employed by an educational or governmental organization

Employed in industry

Retired

Unemployed and looking for work

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In which of the following [ASSOCIATION] districts are you located? (*Check only one*)**

[INSERT LIST OF DISTRICTS]

**Which category best describes your service in the veterinary medical profession? (*Please check only one*)**

Small animal practice

Bovine practice

Swine practice

Equine practice

Large animal practice—multiple species

Mixed practice

Education/research

Industry

Sales/consulting

Government

Other \_\_\_\_\_\_\_\_\_\_\_\_\_

**What year did you graduate from veterinary school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is your age?**

29 years or younger

30 to 39 years

40 to 49 years

50 to 59 years

60 years old or older

**What is your gender?**

Male

Female

**How long have you been a member of [ASSOCIATION]?**

Less than 1 year

1-2 years

3-5 years

6-10 years

11-20 years

More than 20 years

Membership

**Overall, how satisfied are you with your membership in [ASSOCIATION]?**

Not at all satisfied

Not very satisfied

Neutral

Somewhat satisfied

Very satisfied

**What did you give the rating you did regarding your overall satisfaction with your membership?**

**Regarding your [ASSOCIATION] membership dues, which of the following statements best describes your situation?**

I pay my dues myself

My dues are paid in full by my practice/employer

My practice/employer pays part of my dues and I pay part

I am in a membership category which qualifies me for complimentary dues

**Please indicate by circling the appropriate number the extent to which you agree or disagree with the following statements.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly agree  ————— | Somewhat agree  ———— | Neutral  ———— | Somewhat disagree  ———— | Strongly disagree  ———— |
| The [ASSOCIATION] is responsive  and timely in its communication with members | 5 | 4 | 3 | 2 | 1 |
| The [ASSOCIATION] provides an environment that encourages membership communication with the association | 5 | 4 | 3 | 2 | 1 |
| The [ASSOCIATION] is aware of my needs | 5 | 4 | 3 | 2 | 1 |
| The [ASSOCIATION] is responsive to my needs | 5 | 4 | 3 | 2 | 1 |
| The [ASSOCIATION] is a good value for the dues | 5 | 4 | 3 | 2 | 1 |

**How likely are you to do the following?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very likely  ———— | Somewhat  likely  ———— | Neutral  ———— | Not very  likely  ———— | Not at all  likely  ———— |
| How likely are you to recommend [ASSOCIATION] membership to a colleague? | 5 | 4 | 3 | 2 | 1 |
| How likely are you to renew your [ASSOCIATION] membership when your current membership expires? | 5 | 4 | 3 | 2 | 1 |

**How supportive would you be of [ASSOCIATION] offering the following new membership categories?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly support  ———— | Somewhat Support  ———— | Neither support nor oppose  ———— | Somewhat oppose  ———— | Strongly oppose  ———— |
| Practice membership | 5 | 4 | 3 | 2 | 1 |
| Associate membership for technicians | 5 | 4 | 3 | 2 | 1 |
| Practice manager membership | 5 | 4 | 3 | 2 | 1 |
| Student membership | 5 | 4 | 3 | 2 | 1 |
|  |  |  |  |  |  |

**Have you contacted the [ASSOCIATION] office within the last year?**

Yes

No *(Skip next series of questions)*

**If “yes,” please rate the [ASSOCIATION] staff in the following areas.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Excellent  ———— | Good  ———— | Neutral  ———— | Poor  ——— | Very Poor  ———— | Not applicable  ———— |
| Accessibility | 5 | 4 | 3 | 2 | 1 |  |
| Competence | 5 | 4 | 3 | 2 | 1 |  |
| Courtesy/professionalism | 5 | 4 | 3 | 2 | 1 |  |
| Effective handling of problems | 5 | 4 | 3 | 2 | 1 |  |
| Prompt return of phone calls | 5 | 4 | 3 | 2 | 1 |  |
| Prompt return of e-mails | 5 | 4 | 3 | 2 | 1 |  |

**If you rated any item above as "poor" or "very poor," please share your thoughts on how [ASSOCIATION] staff can improve.**

Continuing Education

**What conferences do you typically attend or what resources do you use to obtain your continuing education credits for license renewal? (*Check all that apply*)**

[ASSOCIATION]

AVMA

Local / regional veterinary associations

Another state’s VMA

ACVIM

AAHA

AALAS

NAVC (North American Veterinary Conference)

WVC (Western Veterinary Conference)

CVC (Central Veterinary Conference)

Self-study (including online and other CE course work)

INSERT OTHER SPECIFIC EVENTS PERTINENT TO YOUR ASSOCIATION

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How many [ASSOCIATION] Annual Meetings have you attended within the last 5 years? \_\_\_\_\_\_\_**

**How would you rate the [ASSOCIATION]’s continuing education programs compared to other continuing education offerings in terms of quality?**

[ASSOCIATION] is much better

[ASSOCIATION] is somewhat better

[ASSOCIATION] is about the same

[ASSOCIATION] is somewhat worse

[ASSOCIATION] is much worse

**How would you rate the [ASSOCIATION]’s continuing education programs compared to other continuing education offerings in terms of cost?**

[ASSOCIATION] is much less expensive

[ASSOCIATION] is somewhat less expensive

[ASSOCIATION] is about the same

[ASSOCIATION] is somewhat more expensive

[ASSOCIATION] is much more expensive

**Of the following factors, which THREE most greatly impact your decision to attend the [ASSOCIATION]’s Annual Meeting? (*Please select only three*)**

Speakers

Fellowship/networking opportunities

Access to exhibitors

Wet labs

Practice and staff management programs

Continuing education requirement

Location

Cost

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Next, consider the following pairs of words or phrases and indicate where on the 5-point sliding scale you would rate [ASSOCIATION]’s Annual Meeting based on your experience or your perceptions given what you may have heard from others. (*Note to ASVMAE member administering the survey: Each of these pairs of words should be shown visually on 5-point continuum with 5 choices so they can indicate where on the scale the Annual Meeting falls.*)**

A good value / Too expensive for what you get

Provides practical information I can apply/Provides information that isn't applicable

Well organized / Not well organized

Offers plenty of networking / Doesn’t offer enough networking

Well suited for my needs / Targeted to someone other than me

Features excellent speakers / Features lackluster speakers

Provides up-to-date information / Provides information that is outdated

**How could [ASSOCIATION]’s Annual Meeting be improved?**

[ASSOCIATION] Benefits and Services

**Please indicate the level of value each of the following broad benefits [ASSOCIATION] offers you as a member.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very valuable  ————— | Somewhat valuable  ———— | Neutral  ———— | Not very valuable  ———— | Not at all valuable  ———— |
| Obtaining continuing education credits | 5 | 4 | 3 | 2 | 1 |
| Networking/fellowship with others in the industry | 5 | 4 | 3 | 2 | 1 |
| Getting help with educating your clients | 5 | 4 | 3 | 2 | 1 |
| Advancing your depth of knowledge in veterinary medicine | 5 | 4 | 3 | 2 | 1 |
| Having a voice in industry issues | 5 | 4 | 3 | 2 | 1 |
| Searching for employment opportunities | 5 | 4 | 3 | 2 | 1 |
| Marketing your practice | 5 | 4 | 3 | 2 | 1 |

**Please rate your satisfaction with the following specific benefits and services offered by [ASSOCIATION].**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Very satisfied  ———— | Somewhat satisfied  ———— | Neutral  ——— | Somewhat dissatisfied  ———— | Very dissatisfied  ———— | Not familiar  ——— |
| Staff training | 5 | 4 | 3 | 2 | 1 |  |
| Annual meetings | 5 | 4 | 3 | 2 | 1 |  |
| Membership directory | 5 | 4 | 3 | 2 | 1 |  |
| [*NAME OF PUBLICATION*] | 5 | 4 | 3 | 2 | 1 |  |
| [ASSOCIATION]’s website | 5 | 4 | 3 | 2 | 1 |  |
| Legislative monitoring of veterinary medicine issues | 5 | 4 | 3 | 2 | 1 |  |
| Lobbying on issues that may affect the profession | 5 | 4 | 3 | 2 | 1 |  |
| Receiving group purchasing discounts | 5 | 4 | 3 | 2 | 1 |  |
| Relationships [ASSOCIATION] has with the animal industry | 5 | 4 | 3 | 2 | 1 |  |
| Public relations efforts and programs | 5 | 4 | 3 | 2 | 1 |  |
| Client education materials | 5 | 4 | 3 | 2 | 1 |  |
| INSERT OTHER BENEFITS/SERVICES AS APPROPRIATE | 5 | 4 | 3 | 2 | 1 |  |

# What additional member benefits and services would you like to see [ASSOCIATION] offer?

**How beneficial would you find each of the following group purchasing opportunities to be for you or your practice?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Extremely beneficial  ———— | Somewhat beneficial  ———— | Neutral  ———— | Not very beneficial  ———— | Not at all beneficial  ———— |
| Medical/surgical supplies | 5 | 4 | 3 | 2 | 1 |
| Laboratory supplies | 5 | 4 | 3 | 2 | 1 |
| Pharmaceuticals | 5 | 4 | 3 | 2 | 1 |
| Housekeeping/ environmental supplies | 5 | 4 | 3 | 2 | 1 |
| Diagnostic imaging equipment | 5 | 4 | 3 | 2 | 1 |
| Laboratory equipment | 5 | 4 | 3 | 2 | 1 |
| Business/practice management consulting services | 5 | 4 | 3 | 2 | 1 |
| Software (billing, scheduling, patient records, etc.) | 5 | 4 | 3 | 2 | 1 |
| Outerwear/clothing/ footwear | 5 | 4 | 3 | 2 | 1 |
| Fuel | 5 | 4 | 3 | 2 | 1 |

**What other group purchasing opportunities would you like to see [ASSOCIATION] offer?**

**Please indicate the importance of the following items to you as a veterinarian.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very important  ————— | Somewhat important  ———— | Neutral  ———— | Not very important  ———— | Not at all important  ———— |
| Animal welfare concerns | 5 | 4 | 3 | 2 | 1 |
| Recruitment of qualified staff | 5 | 4 | 3 | 2 | 1 |
| Staff retention | 5 | 4 | 3 | 2 | 1 |
| Management of staff | 5 | 4 | 3 | 2 | 1 |
| Competition from non-veterinarians | 5 | 4 | 3 | 2 | 1 |
| Continuing education | 5 | 4 | 3 | 2 | 1 |
| Ethics | 5 | 4 | 3 | 2 | 1 |
| Legislative monitoring and lobbying |  |  |  |  |  |
| Providing client information & education | 5 | 4 | 3 | 2 | 1 |
| Practice management issues | 5 | 4 | 3 | 2 | 1 |
| Work/life balance issues | 5 | 4 | 3 | 2 | 1 |
| Professional liability | 5 | 4 | 3 | 2 | 1 |
| Public image of the profession | 5 | 4 | 3 | 2 | 1 |
| The quality of life for those in the profession | 5 | 4 | 3 | 2 | 1 |
| Time management | 5 | 4 | 3 | 2 | 1 |

**In which ways, if any, do you inform your clients that you are a member of the [ASSOCIATION]? (*Check all that apply*)**

Use of the [ASSOCIATION] logo on printed materials

Use of the [ASSOCIATION] logo on electronic materials

Window decals

Vehicle decals

Logo wear (shirts, jackets, etc.)

[ASSOCIATION] pamphlets in office

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

None of the above

**Which of the following [ASSOCIATION] tools have you used to help educate your clients?**

Client education articles for use in your practice’s newsletter and/or website

Health education brochures

[ASSOCIATION] website

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How valuable is your [ASSOCIATION] membership when it comes to strengthening your relationship with your clients, if at all?**

Very valuable

Somewhat valuable

Neutral

Not very valuable

Not valuable at all

**If [ASSOCIATION] were to develop a mentoring program for students, how willing would you be to participate as a mentor? Assume that it would involve a commitment from you to travel and meet with students X-X times a year. Would you be:**

Very willing

Somewhat willing

Not sure

Not very willing

Not willing at all

Information & Communication

**Please indicate the frequency with which you use each of the following technologies.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Have and use regularly  ———— | Have and use occasionally  ———— | Don't have but am considering getting  ———— | Don't have and have no plans to acquire  ———— |
| Text messaging | 1 | 2 | 3 | 4 |
| SmartPhone (iPhone, Blackberry, Palm, Android, etc.) | 1 | 2 | 3 | 4 |

**What type of SmartPhone do you use?**

iPhone

Blackberry

Android

Palm

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which of the following social networking sites, if any, do you belong to and visit on a regular basis (at least once a week or more)?**

Facebook

Twitter

LinkedIn

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

None

**How do you typically read your email?**

Using a desktop or laptop computer

Using a PDA or Smartphone, such as a Blackberry or iPhone

A combination of laptop/desktop and PDA/Smartphone

Don’t have email

**About how often do you access the [ASSOCIATION] website?**

Daily

Weekly

Monthly

Several times a year

Once a year or less

Never (*Skip next question*)

**How would you rate [ASSOCIATION]’s website with regard to the following features, functions and content?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Excellent  ———— | Good  ——— | Neutral  ———— | Poor  —— | Very Poor  ———— | Not applicable  ———— |
| Ease of navigation | 5 | 4 | 3 | 2 | 1 |  |
| Overall relevance of information | 5 | 4 | 3 | 2 | 1 |  |
| Access to information regarding CE opportunities | 5 | 4 | 3 | 2 | 1 |  |
| Availability of scientific papers | 5 | 4 | 3 | 2 | 1 |  |
| Access to client education materials | 5 | 4 | 3 | 2 | 1 |  |
| Job posting and job searching functions | 5 | 4 | 3 | 2 | 1 |  |
| Registering for events | 5 | 4 | 3 | 2 | 1 |  |
| Ability to manage your membership details | 5 | 4 | 3 | 2 | 1 |  |

**How many issues of the [ASSOCIATION] publication, *[NAME]* do you typically read, if any?**

Every issue

Most issues

At least half of the issues

Only a few issues

Never *(Skip questions regarding publication)*

**When you read *[NAME]*, how do you typically read it? Do you usually:**

Read it cover to cover

Read your favorite or preferred sections of the publication

Skim the issue

**Please indicate the extent to which you agree or disagree with the following statements.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly agree  ————— | Somewhat agree  ———— | Neutral  ———— | Somewhat disagree  ———— | Strongly disagree  ———— |
| *[NAME]* is a valuable source of information for me | 5 | 4 | 3 | 2 | 1 |
| *[NAME]* provides information on a timely basis | 5 | 4 | 3 | 2 | 1 |
| *[NAME]* is relevant to day-to-day veterinary medicine | 5 | 4 | 3 | 2 | 1 |
| *[NAME]* keeps me informed on important legislative issues affecting our industry | 5 | 4 | 3 | 2 | 1 |

**What topics would you like to see included in future issues of *[NAME]*?**

**Please indicate how you’d prefer to receive each of the following: (*Check one per line*)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Regular mail  ————— | Email  ———— | Posted on website  ———— |
| *[NAME OF PUBLICATION]* |  |  |  |
| Regulatory updates |  |  |  |
| New bulletins |  |  |  |
| Annual meeting information & registration |  |  |  |

[ASSOCIATION] Legislative Issues

**Please indicate the importance of the following issues on veterinary medicine in your area from a legislative/public policy standpoint.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Very important  ————— | Somewhat important  ———— | Neutral  ———— | Not very important  ———— | Not at all important  ———— | Not familiar  ———— |
| Revisions to State Veterinary Practice Acts | 5 | 4 | 3 | 2 | 1 |  |
| Veterinary medicine’s role in public health | 5 | 4 | 3 | 2 | 1 |  |
| Alternative medicine treatments/therapies | 5 | 4 | 3 | 2 | 1 |  |
| Mail order pharmacies | 5 | 4 | 3 | 2 | 1 |  |
| Ownership/guardianship issues | 5 | 4 | 3 | 2 | 1 |  |
| Animal welfare issues | 5 | 4 | 3 | 2 | 1 |  |
| Spaying/neutering of animals | 5 | 4 | 3 | 2 | 1 |  |
| Drug compounding | 5 | 4 | 3 | 2 | 1 |  |
| Regulation of veterinary medicine | 5 | 4 | 3 | 2 | 1 |  |
| Lay people providing veterinary services | 5 | 4 | 3 | 2 | 1 |  |

[ASSOCIATION] Governance

**Please indicate the extent to which you agree or disagree with the following statements:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly agree  ———— | Somewhat agree  ———— | Neutral  ——— | Somewhat disagree  ———— | Strongly disagree  ———— | Not familiar  ———— |
| The [ASSOCIATION] Board of Directors effectively leads the association | 5 | 4 | 3 | 2 | 1 |  |
| The [ASSOCIATION] Board of Directors clearly and effectively  communicates with membership | 5 | 4 | 3 | 2 | 1 |  |
| The [ASSOCIATION] Board of Directors represents membership diversity | 5 | 4 | 3 | 2 | 1 |  |
| The [ASSOCIATION] Board of Directors adequately represents your views | 5 | 4 | 3 | 2 | 1 |  |

[ASSOCIATION] Foundation

**How familiar are you with the [ASSOCIATION] Foundation?**

Very familiar

Somewhat familiar

Not very familiar

Not at all familiar

**Overall, how satisfied are you with the [ASSOCIATION] Foundation?**

Very satisfied

Somewhat satisfied

Neutral

Not very satisfied

Not at all satisfied

**Please indicate why you gave that rating regarding your satisfaction with the [ASSOCIATION] Foundation.**

**How many times have you donated to the [ASSOCIATION] Foundation in some form (cash, memorial, auction item donation, auction item purchase, etc.)?**

I have not donated to the Foundation in any form

1 time

2 times

3 times

4 times

5 times

6-10 times

11 or more times

General Questions

**What are the most pressing challenges, problems, or concerns that you currently face in your practice?**

**What do you consider to be [ASSOCIATION]’s greatest strengths?**

**What do you consider to be [ASSOCIATION]’s greatest weaknesses?**

**If you had the opportunity to speak one-on-one with the [ASSOCIATION] leadership, what would you recommend?**

**Finally, which of the following broad income categories includes your annual salary, including bonuses? Please note that your answer will not be linked to your name and is completely confidential. This information, like all of the demographic questions, will be used to analyze differences of opinion throughout the survey based on various demographic segments.**

$50,000 or less

$50,001 to $100,000

$100,001 to $200,000

$200,001 to $400,000

$400,001 to $600,000

$600,001 or more

Thank you for sharing your valuable feedback.