**Template for a non-member/non-renewing member survey**

[ASSOCIATION NAME]

[INSERT YEAR] Non-Member 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.)

1. **Which category best describes your current employment status?**
* 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
* Academic
* Retired
* Unemployed and looking for work
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **Why have you chosen not to become a member of, or to rejoin, {name of association}? (*check all that apply*)**
* I am unable to afford the dues
* I’m no longer in active veterinary practice
* I feel the programs and benefits I receive from other professional associations suitably meet my needs at this time
* I don’t feel that I’d receive adequate value for the cost of membership
* I disagree with some of the industry positions held by {name of association}
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **Please rank the following features/benefits in terms of importance for you, personally, when deciding which professional association(s) to join, if any. Use a “1” for the most important factor in your decision-making process, “2” for the second most important factor, etc., until you have ranked all 5 items, using each number only once.**

\_\_\_\_Continuing education credit opportunities

\_\_\_\_The ability to influence legislation

\_\_\_\_Fellowship/networking with others in the industry/professional contacts

\_\_\_\_Promotion of veterinary medicine

\_\_\_\_Updates on current information

\_\_\_\_ Benefits offered to members, such as insurance

1. **What other features/benefits not listed in the previous question did you take into consideration when deciding which professional association(s) you would join?**

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1. **What benefits or services does {name of association} lack that you wish it provided?**
* Different/enhanced courses tailored to the needs of my profession for which I can receive continuing education credits
* Additional meetings/conferences so I can network more effectively with veterinary professionals
* Tools I can use to better educate my clients/patients on veterinary health practices
* Material that can help me better tackle the challenges facing my state in the regulation and practice of veterinary medicine, including legal issues
* A newsletter with substantive information about current issues of interest in my specific field of veterinary medicine
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **What do you consider to be {name of association}’s greatest strengths?**

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1. **What do you consider to be {name of association}’s greatest weaknesses?**

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1. **What is your gender?**
* Male
* Female
1. **How long ago did you graduate from veterinary school?**
* Less than 5 years ago
* 5-9 years ago
* 10-14 years ago
* 15-19 years ago
* 20 or more years ago

**Thank you for taking the time to complete this survey.**