Highlands-Lynchburg Chamber of Commerce

MEMBERSHIP VISITATION SURVEY

COMPANY NAME: _____

PHYSICAL ADDRESS: _____

PHONE: _____ REP. NAME _____

E-MAIL _____ WEBSITE _____

Does the member have an up to date Certificate? _____ Yes _____ No

Is the member receiving e-mail mailings from the Chamber? _____ Yes _____ No

Can you tell us briefly what your primary reasons for joining the Highlands C of C were?

_____

_____

What three Topics (Guest Speakers) would like to see the Chamber address at the monthly luncheons ?

_____

_____

_____

What programs or areas of the Chamber do you feel is the most beneficial to you and/or your business?

_____ Promotion of local Business _____ Business Educational seminars

_____Community Enhancement Programs _____Beautification/Cleanliness

_____ Networking events(membership meetings/mixers _____Promotion of Member Firms

_____Communication regarding Chamber activities

Would you be interested on participating on a Chamber of Commerce Committee?

_____ Ambassador Committee _____ Beautification Committee

_____ Golf Tournament Committee _____ Jamboree Committee

_____ Scholarship Committee _____ Partners in Education

Have you participated in any Chamber programs? _____ Yes _____No

If yes, what programs _____

If no, why? _____

Some of those programs and services include:

_____Membership meetings _____ After hour mixers _____Ribbon Cutting Ceremonies

_____ Partners in Education

Member Comments:

_____
_____
_____
_____

Ambassador Member Name:

_____

Date of Visit: _____

Date of Report to Committee: _____