



Please complete this form and save to your hard drive before you print, fax or email.

Request for Association Information

The following is a checklist that will facilitate a comprehensive, open exchange of information between your organization and Craven Management Associates.

Date: _____

GENERAL INFORMATION

Association Name:		Acronym:
Contact Person:		Title:
Address:		City/State/Zip:
Telephone:	Fax:	Email:

ORGANIZATION

1. Primary geographic scope of your association? <input type="checkbox"/> International <input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Local	3. Primary type of membership in your association? <input type="checkbox"/> Companies/Institutions <input type="checkbox"/> Individuals <input type="checkbox"/> Both
2. Primary industry or profession served by association? _____	4. IRS tax status of your association? <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(6) <input type="checkbox"/> Other _____

MEMBERSHIP

1. Total number of current members? _____	3. Does your association have chapters? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," number of chapters: _____
2. Number of potential members? _____	

4. Classes of membership in association:

Category/Description	Number of Members	Voting	Nonvoting	Annual Dues Rate Per Category
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

BOARD OF DIRECTORS

1. Number of members on board of directors? _____ 2. Number of board meetings each year? a. In person: _____ Number of days per meeting: _____ b. By teleconference: _____	3. Does your association have an executive committee? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," number of executive committee meetings each year? a. In person: _____ Number of days per meeting: _____ b. By teleconference: _____
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FINANCIAL MANAGEMENT

1. Association's current budget: Total annual revenues? \$ _____ Total expenses? \$ _____	2. Month in which fiscal year begins? _____ 3. Month in which membership year begins? _____ 4. Amount of reserves balance at end of last fiscal year? \$ _____
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LOBBYING

1. Does association regularly retain or employ a lobbyist?
 Yes No

If "yes," what is the scope of lobbying activities?

MANAGEMENT STAFF

1. Association is currently being managed by:
 Association Management Company
 Staff
 Volunteers
2. Is the company/staff aware of the search?
 Yes No

3. What is the anticipated start date for the new association management company?

4. Your preferred method of contact?
 Telephone Email
 Other _____

COMMUNICATIONS

1. Does the association produce a newsletter?
 Yes No If "yes:"
a. How often is it published? _____
b. Number of pages? _____
c. Does it carry advertising? Yes No
2. Does association produce a journal?
 Yes No If "yes:"
a. How often is it published? _____
b. Number of pages? _____
c. Does it carry advertising? Yes No
3. Approximately how many times a year are electronic bulletins sent to members? _____
Explain, if necessary: _____

4. Who is responsible for producing the publication?

- Outside contractor Members
 Staff Combination _____

5. Do you currently use any of the following (*check all that apply*)?

- Facebook LinkedIn
 Twitter Listserv
 Other _____

6. Check any items listed below that you are not currently using but would like to use, or are currently using but needs to be improved.

- Facebook LinkedIn
 Twitter Listserv
 Other _____

TECHNOLOGY

1. Who is responsible for maintaining your current website?

2. Please check the features provided via your current website.
 Members-Only Section
 Searchable Referral Database
 Public Referral Database
 Online Payment System
 Online CE Reporting
 Other _____

3. What feature do you currently not have on your website that you would like to see in the future? _____

Explain, if necessary: _____

4. Do you currently offer live webinars? Yes No

a. If "yes," how often? _____

b. If "no," is this a service you are interested in? Yes No

MEETINGS, CONFERENCES AND TRADESHOWS

1. Please list all meetings and conferences produced by/for association the past two years and future events under contract:

Date of Event	Type of Event	No. of Attendees	Venue/Hotel/ Convention Center	City/Cities Where Event Held	No. of Days Per Event

REQUESTED MATERIALS

Please attach a copy of the following items:

- Annual Conference promotional brochure
- Newsletter
- Exhibitor promotional brochure
- Journal
- Current financial statement
- Membership application
- Financial statement of last full year

SERVICES REQUESTED

Please check the types of services you are looking for
(check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Executive Meeting Planning
<input type="checkbox"/> Convention Planning
<input type="checkbox"/> Centralized, Professional Administrative Support
<input type="checkbox"/> Financial Management
<input type="checkbox"/> Marketing Support
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Membership Management
<input type="checkbox"/> Continuing Education
<input type="checkbox"/> Publications
<input type="checkbox"/> Social Media
<input type="checkbox"/> Technology Support |
|---|--|

To return the completed request either, print and fax to 412-366-8804 or email to rcraven@robertcraven.com.