

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

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

### MEMBERSHIP

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

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

<p>1. Number of members on board of directors? _____</p>	<p>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?</p>
<p>2. Number of board meetings each year?          a. In person: _____          Number of days per meeting: _____          b. By teleconference: _____</p>	<p>a. In person: _____          Number of days per meeting: _____          b. By teleconference: _____</p>

### FINANCIAL MANAGEMENT

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

### LOBBYING

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

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

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### 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?

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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:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>Current financial statement</li> <li>Financial statement of last full year</li> <li>Bylaws</li> <li>Strategic Plan</li> </ul> | <ul style="list-style-type: none"> <li>Policy and Procedures Manual</li> <li>Sample Newsletter</li> <li>Sample Journal</li> <li>Sample Membership application</li> </ul> |
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## SERVICES REQUESTED

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

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Executive Meeting Planning</li> <li><input type="checkbox"/> Convention Planning</li> <li><input type="checkbox"/> Centralized, Professional Administrative Support</li> <li><input type="checkbox"/> Financial Management</li> <li><input type="checkbox"/> Marketing Support</li> <li><input type="checkbox"/> Other _____</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Membership Management</li> <li><input type="checkbox"/> Continuing Education</li> <li><input type="checkbox"/> Publications</li> <li><input type="checkbox"/> Social Media</li> <li><input type="checkbox"/> Technology Support</li> </ul> |
|---|--|

To return the completed request either, print and fax to 412-366-8804 or email to [dyenerall@robertcraven.com](mailto:dyenerall@robertcraven.com).