



We would appreciate your feedback. Please take a few moments to tell us about your business.

Business Name:

What does your business do:

Business History:

Please rank the importance of the following Chamber Functions (1-8)

<input type="checkbox"/> Provide Networking Opportunities	<input type="checkbox"/> Workers Compensation Group Rating
<input type="checkbox"/> Property Casualty Insurance Discounts	<input type="checkbox"/> Group Rate Health Insurance
<input type="checkbox"/> Free Small Business Counseling (SBDC)	<input type="checkbox"/> Savings on Radio Advertising with 98.3 SAM FM
<input type="checkbox"/> Advertising Opportunities	<input type="checkbox"/> Savings on Natural Gas with Volunteer Energy Services
Program	

Why are you a Chamber member:

How long have you been an active member: Less than a year 1-4 years 5-10 years 10+ years

How many Chamber functions did you attend this year: 0 1-5 5-10 10+

How valuable do you think the Chamber's eBlast is: Valuable Somewhat Valuable Not Valuable at all

What Chamber benefits are you utilizing for your business:

What challenges is your business facing:

In what area can the Chamber better serve you:

How likely are you to renew your membership? Extremely likely Likely Somewhat likely Not likely at all