



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) <table border="0"> <tr> <td><input type="checkbox"/> Provide Networking Opportunities</td> <td><input type="checkbox"/> Workers Compensation Group Rating</td> </tr> <tr> <td><input type="checkbox"/> Property Casualty Insurance Discounts</td> <td><input type="checkbox"/> Group Rate Health Insurance</td> </tr> <tr> <td><input type="checkbox"/> Free Small Business Counseling (SBDC)</td> <td><input type="checkbox"/> Savings on Radio Advertising with 98.3 SAM FM</td> </tr> <tr> <td><input type="checkbox"/> Advertising Opportunities Program</td> <td><input type="checkbox"/> Savings on Natural Gas with Volunteer Energy Services</td> </tr> </table>					<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 Program	<input type="checkbox"/> Savings on Natural Gas with Volunteer Energy Services
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Why are you a Chamber member:												
How long have you been an active member: <input type="checkbox"/> Less than a year <input type="checkbox"/> 1-4 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years												
How many Chamber functions did you attend this year: <input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+												
How valuable do you think the Chamber's eBlast is: <input type="checkbox"/> Valuable <input type="checkbox"/> Somewhat Valuable <input type="checkbox"/> 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? <input type="checkbox"/> Extremely likely <input type="checkbox"/> Likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Not likely at all												