

TODAY'S DATE: _____

FILLED OUT BY: _____

1 MEMBER INFO

Guest Name: _____

Company: _____

Specialty : _____

Meeting Date Attended _____ Speaker: _____

How did you find out about the group?

 Invited by: _____ Newspaper: _____ Online: _____ Other: _____**2 FEEDBACK**

What did you think of the meeting/group?

Did it meet your expectations?

_____***On a scale of 1 to 10, how would you rate:***

_____ The meeting format

_____ The types of people involved

_____ The speaker

_____ Your interest in the group

Suggestions for improvement? _____

Ideas for speakers? _____

3 INTERESTWould you be interested in attending another meeting? Yes No MaybeAre you willing to share referrals with the group? Yes No Maybe

What areas of expertise do you feel you would contribute to the group?

What are your other interests and professional associations, other networking groups?

Other people that might be interested in the group?

_____***Invite to next meeting (give date, speaker and location information).*****Reviewed for Membership:** Date: _____ Approved Rejected

Conflicts/Areas of Note: _____