



Guest Name _____
 Guest Email _____
 Guest Telephone _____
 Chapter Name _____
 Date _____ Age (optional) _____

Guest Survey Form

Awareness – How Did You Hear About Our Chapter Or The Barbershop Harmony Society? (Check Appropriate Box Or Boxes)

Current Member Of Another Chapter <input type="checkbox"/>	Saw Ad In Local Paper <input type="checkbox"/>	Heard About It On TV <input type="checkbox"/>
Former Member <input type="checkbox"/>	Saw Ad In USA Today <input type="checkbox"/>	Visited Your Website <input type="checkbox"/>
Someone Invited Me <input type="checkbox"/>	Saw Ad In The Globe & Mail <input type="checkbox"/>	Web/Banner Advertising <input type="checkbox"/>
Saw Performance or Show <input type="checkbox"/>	Heard On The Radio <input type="checkbox"/>	Other _____ <input type="checkbox"/>

Your Opinion Matters

What Did You Like Most About Your Experience At Our Meeting?

What Did You Like Least About Your Experience?

Support Materials You Were Provided

Music Folder Chapter Materials Society Materials Membership Information

Hospitality (Were You)

Greeted By Someone When You Arrived Provided With Orientation Material Invited To Return
 Accompanied Throughout The Meeting Introduced To The Membership Left Alone

Your Level Of Participation at the Meeting

Chorus Quartet Both Observed Only

Your Previous Experience

None <input type="checkbox"/>	Sang In Another Barbershop Chapter <input type="checkbox"/>	Experienced In Instrumental Music <input type="checkbox"/>
Sang In High School <input type="checkbox"/>	Experienced In Musical Theater <input type="checkbox"/>	Music Educator <input type="checkbox"/>
Sang In College <input type="checkbox"/>	Sang In Church or Community Choir <input type="checkbox"/>	Seeking Experience/Voice Training <input type="checkbox"/>

Your Future With Us

Would You Like To Join? Yes No Maybe If Not Likely To Return, Why Not?

 Would You Like To Receive More Information About Membership? Yes No Maybe Have You Visited Other Chapters? Yes No
 Are You Likely To Return To Another Meeting? Yes No Maybe Would You Be Interested In Attending A Meeting Of Another Chapter In This Area? Yes No Maybe

The Venue

(Were You Satisfied With)

Convenience of Location Convenience of Parking Quality Of The Venue Size Of The Venue

Other Friends You May Know Who Enjoy Singing

Do You Know Anyone Else That Enjoys Singing? Yes No Maybe If So, What Are Their Names and The Best Way To Contact Them?

Name	Name
Email Address	Email Address
Telephone	Telephone

Any Additional Comments (Please Write In The Space Below)

Future Contact

Do you wish to be notified of future chapter events, performances, etc.? Yes No Preferred method of contact? Email Phone

OFFICE USE ONLY

Attention Chapter Membership Development Officers: On August 31, September 30 and October 31, please mail a package containing a copy of all completed Guest Survey Forms to: Barbershop Harmony Society – Attn: Membership Department - 7930 Sheridan Road – Kenosha, WI 53143