



CONFIDENTIAL MEMBERSHIP SURVEY

(Survey Information is used exclusively in the BWS database)

Personal Information as it appears in the BWS database

Member Type:

Name:

My Birth Date:

(used solely to calculate Lifetime Member status)

Street Address:

City:

State:

Zip Code:

Home Phone:

Email Address:

Other Phone:

Website:

Complete the following to help us serve you better

o Would you accept the newsletter via a monthly link to an online color copy provided by email instead of USPS? Yes

o Are there workshop teachers you would care to recommend? No

o Programs/events you would care to recommend? Please Describe

o If you teach classes/workshops, would welcome referrals through BWS website? Yes No

If yes, provide contact method:

Please check or write your volunteer interests for this year

o Administration Officer Membership Data Processing Membership Jurying Chair Webmaster
 Education Other (describe)

o Exhibitions Committee: Local coordinator of a show Assist Coordinator Publicity
 Locate new exhibit site Receiving/Hanging/Take-down Assist with Exhibit Reception

o Hospitality: Coordinate Hospitality

o Mid-Atlantic Regional Exhibition: Coordinate Mid-Atlantic Assist coordinator Publicity
 Mid-Atlantic Awards Solicitation Receiving/Take-down Image Processing Design Catalog

o Newsletter: Graphic Editor Proofing/Editor Production/Mailing Photography

o Public Relations Write Press Release Graphics Contact Publications Posters
 Contact and Work with TV/Radio Other:

o Special Events Planning Paint-outs Social Events Trips Critiques
 Programs Coordinate Reservations/Payments for Special Event

o Computer Describe your computer skills

o Workshops Search for/contact W/S teachers Arrange workshop space
 Coordinate Workshop Reservations/payments Teach Workshop