



**Health Checkup for Your Auxiliary
Member Questionnaire**

1. Why do you maintain your annual membership?

2. Are you an active member?

YES NO

If NO, why not?

3. What is your contribution to the Department and National programs?

4. Which programs do you find the most beneficial that benefit our local Veterans, families, communities, etc.? *(check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Veterans and Family Support | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Americanism | <input type="checkbox"/> Legislative |
| <input type="checkbox"/> Auxiliary Outreach | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Buddy Poppy/National Home | <input type="checkbox"/> Scholarships |
| <input type="checkbox"/> Extension/Revitalization/Mentoring | <input type="checkbox"/> Youth Activities |
| <input type="checkbox"/> Historian/Media Relations | |

5. Which programs would you like to see changed to make them more beneficial? *(check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Veterans and Family Support | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Americanism | <input type="checkbox"/> Legislative |
| <input type="checkbox"/> Auxiliary Outreach | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Buddy Poppy/National Home | <input type="checkbox"/> Scholarships |
| <input type="checkbox"/> Extension/Revitalization/Mentoring | <input type="checkbox"/> Youth Activities |
| <input type="checkbox"/> Historian/Media Relations | |

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6. Why do you attend monthly meetings?

7. If you don't attend the monthly Auxiliary meetings, what keeps you from attending?

8. Do you know what activities the Auxiliary is doing?

YES NO

9. Do you have suggestions on how to increase meeting attendance?

10. What do you feel would bring new members to the organization?

11. What communication method(s) do you prefer?

(check all that apply)

Email

Social Media

Text Message

Snail Mail

Phone Call

Other: _____

12. What do you feel would help the Auxiliary grow and thrive?

13. How can you contribute to the growth of our organization?

14. Do you have any **constructive** ideas that would benefit the organization?

District #: _____