

Date: ___ / ___ / ___ Name: _____ Phone _____

Address: _____

Email: _____

Type of membership you may be interested in: Family Adult Senior Youth Single Parent Adult Couple Senior Couple

1 Is this the first time you've chosen to get involved with a YMCA or similar organization?

- Yes. No.

2 What similar organizations have you belonged to within the last two years? _____

3 Why did you decide to leave?

- | | |
|--|--|
| <input type="checkbox"/> I moved, it was no longer close to where I work or live | <input type="checkbox"/> Not enough time, lost motivation, forgot to renew |
| <input type="checkbox"/> Too crowded | <input type="checkbox"/> Too expensive |
| <input type="checkbox"/> Not clean | <input type="checkbox"/> Unavailability of specific program |
| <input type="checkbox"/> Not well maintained | Which one? _____ |
| <input type="checkbox"/> Unavailability of particular equipment or facility | <input type="checkbox"/> No babysitting |
| <input type="checkbox"/> Unfriendly staff | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Poor instruction | |
| <input type="checkbox"/> Inconvenient scheduling | |

4 Did you consider any other organizations before choosing us?

- Yes. No.

5 Which other organizations did you consider? _____

6 What was your main reason for choosing the YMCA instead of another organization?

- | | | |
|--|--|---|
| <input type="checkbox"/> Convenience of location | <input type="checkbox"/> Availability of specific facility | <input type="checkbox"/> Hours of operation |
| <input type="checkbox"/> Affordable membership rates | <input type="checkbox"/> Availability of children's programs | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Availability of pool | <input type="checkbox"/> Availability of family activities | |
| <input type="checkbox"/> Availability of gym | <input type="checkbox"/> Quality of programs | |

7 On average, how often do you expect to come to the YMCA?

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Less than once a month | <input type="checkbox"/> Twice a month | <input type="checkbox"/> 2-3 times a week | <input type="checkbox"/> 6-7 times a week |
| <input type="checkbox"/> Once a month | <input type="checkbox"/> Once a week | <input type="checkbox"/> 4-5 times a week | <input type="checkbox"/> Don't know |

8 Which of the following facilities do you expect you will use on a regular basis?

- | | | |
|--|--|--|
| <input type="checkbox"/> Resistive weights | <input type="checkbox"/> Pool | <input type="checkbox"/> Tennis courts |
| <input type="checkbox"/> Racquetball/handball courts | <input type="checkbox"/> Gym | <input type="checkbox"/> Cardio Room |
| <input type="checkbox"/> Outdoor Fields | <input type="checkbox"/> Free weights | <input type="checkbox"/> Indoor Track |
| <input type="checkbox"/> Teen Center | <input type="checkbox"/> Aerobics Center | <input type="checkbox"/> Other: _____ |

9 Which, if any, of our programs and classes do you expect you will attend?

- | | | |
|--|--|---|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Aquatics classes | <input type="checkbox"/> Total Body Workout |
| <input type="checkbox"/> Yoga | <input type="checkbox"/> Parent-infant classes | <input type="checkbox"/> Personal Training |
| <input type="checkbox"/> Zumba | <input type="checkbox"/> Country line Dancing | <input type="checkbox"/> Cardio Combo |
| <input type="checkbox"/> Spinning | <input type="checkbox"/> Ballroom Dancing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Arts & Humanities (music) | <input type="checkbox"/> Boot Camp | |

10 How did you first hear about this particular YMCA?

- | | | |
|---|---|---|
| <input type="checkbox"/> Friend, relative, neighbor | <input type="checkbox"/> Received information in the mail | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Read about it in newspaper | <input type="checkbox"/> Saw it while driving by | <input type="checkbox"/> Heard about it on TV |
| <input type="checkbox"/> Heard about it on radio | <input type="checkbox"/> Heard about it from member | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Have always known about it | | _____ |

11 Do you recall seeing, hearing, or receiving any promotions for the YMCA?

- | | | |
|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Radio | <input type="checkbox"/> Magazine | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Newsletter | _____ |
| <input type="checkbox"/> Television | <input type="checkbox"/> Direct mail | <input type="checkbox"/> Don't remember |

12 Are there any programs or facilities that we don't offer that you would like to see added in the coming year?

13 Would you like to know more about volunteer opportunities here? Yes No

14 How many years have you lived at current residence? _____

15 How many years have you lived in New Hartford or the surrounding area? _____

16 What is your average travel time to the Rome Y? _____ minutes _____

17 Would you usually come from work, home, or school? Work Home School

18 Do you currently have a YMCA membership? Yes No

19 Would you like you see a main YMCA Branch here in the New Hartford Area? Yes No

20 How would a main YMCA in the New Hartford Area benefit you and your family? _____

21 Would you like to be part of a steering committee to help begin the process of getting a main YMCA here in the New Hartford area? Yes No

22 Please feel free to leave any additional comments: _____
