

# REQUEST FOR ASSOCIATION INFORMATION

The following is a checklist that will facilitate a comprehensive, open exchange of information between your organization and a prospective association management company.

DATE: \_\_\_\_\_

## GENERAL INFORMATION

Association name: \_\_\_\_\_

Association Address: \_\_\_\_\_

Contact person: \_\_\_\_\_ Association position: \_\_\_\_\_

Contact title, company: \_\_\_\_\_

Address, city, state, zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

## ORGANIZATION

- |  |  |
|--|--|
| <p>1. What is the primary geographic scope of your association?<br/> <input type="checkbox"/> International    <input type="checkbox"/> National    <input type="checkbox"/> Regional<br/> <input type="checkbox"/> State                <input type="checkbox"/> Local</p> <p>2. What is the primary industry or profession served by your association? _____</p> <p>3. What is the primary type of membership in your association?<br/> <input type="checkbox"/> Companies/Institutions    <input type="checkbox"/> Individuals    <input type="checkbox"/> Both</p> | <p>4. Is the association incorporated? <input type="checkbox"/> Yes    <input type="checkbox"/> No<br/>         State of incorporation: _____</p> <p>5. What is the IRS tax status of your association?<br/> <input type="checkbox"/> 501(c)3                                <input type="checkbox"/> 501(c)6<br/> <input type="checkbox"/> Other: _____</p> <p>6. Is your association's IRS <i>tax exemption letter of determination</i> on file? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> |
|--|--|

## MEMBERSHIP

- |   |   |
|---|---|
| <p>1. Total number of current members in your association? _____</p> <p>2. What is the number of potential members? _____</p> <p>3. Is the membership: <input type="checkbox"/> Increasing    <input type="checkbox"/> Decreasing<br/> <input type="checkbox"/> About the same as previous year</p> | <p>4. Is your association's membership information computerized? <input type="checkbox"/> Yes                <input type="checkbox"/> No</p> <p>a. If "yes," what equipment is used? _____</p> <p>b. If "yes," what software is used? _____</p> |
|---|---|

5. What are the classes of membership in your association?

Category/Description	Number of Members	Voting	Non-voting	Annual Dues Rate Per Category
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

**BOARD OF DIRECTORS**

1. Number of directors on the board: \_\_\_\_\_

2. Number of officers: \_\_\_\_\_

3. How often does the board typically meet each year?

a. In person: \_\_\_\_\_

Number of days per meeting: \_\_\_\_\_

b. By teleconference: \_\_\_\_\_

4. On what dates and in which cities did your board hold meetings during the past year?

**Date**

**City**

_____	_____
_____	_____
_____	_____
_____	_____

5. Does your association have an executive committee?  
 Yes     No

a. If "yes," how many members serve on the executive committee? \_\_\_\_\_

b. How often does the executive committee meet each year?

1) In person: \_\_\_\_\_

Number of days per meeting: \_\_\_\_\_

2) By teleconference: \_\_\_\_\_

**COMMITTEES**

1. Please list all other current committees/task forces, and provide meeting information for each (per year):

<b>Name of Committee</b>	<b>No. Serving on Committee</b>	<b>No. of Meetings in Person</b>	<b>No. of Days Per Meeting</b>	<b>No. of Meetings by Teleconference</b>

2. Are board or committee members reimbursed for expenses?     Yes     No

If "yes," on what basis? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### FINANCIAL MANAGEMENT

1. What is your association's current budgeted:

Total annual revenues? \$ \_\_\_\_\_

Total expenses? \$ \_\_\_\_\_

2. In what month does your fiscal year begin? \_\_\_\_\_

3. What was your fund balance at end of last fiscal year?  
\$ \_\_\_\_\_

4. How often are your association's financial statements prepared? \_\_\_\_\_

5. What procedures do you use in administering your checking account(s)?

Number of signatures required: \_\_\_\_\_

Number of accounts: \_\_\_\_\_

Other (please describe): \_\_\_\_\_

6. What is your association's employer identification number (EIN)? \_\_\_\_\_

7. Do you have copies of your IRS Form 990 available for the past 3 years?  Yes  No

### SERVICES, PROGRAMS, AND ACTIVITIES

Please indicate which current services, programs, and activities your association offers its membership (use additional sheets if necessary):

Statistical Reporting

Marketing Research

Group Insurance

Chapter Programs/Assistance

Training

Other (please describe): \_\_\_\_\_

Surveys

Marketing Promotion/Advertising

Education

Government Relations

Credit/Collection

Standardization

Public Relations

Testing and Certification

Long-range Planning

Technical

### LEGAL

1. Does your association regularly retain or employ legal counsel?  Yes  No

If "yes," who? \_\_\_\_\_

2. Does your legal or any other external service report directly to any of the following?

Board  Executive Committee

Executive director/account executive of the association management company

Other (please describe): \_\_\_\_\_

### LOBBYING

1. Does your association regularly retain or employ a lobbyist?

Yes  No

If "yes," what is the scope of your lobbying activities?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### MANAGEMENT STAFF

1. Is your association currently being managed by an association management company?

Yes  No

2. Is the company aware of the search?

Yes  No

3. If your association is not being managed by an association management company, does it currently have a management staff and a headquarters?

Yes  No

4. If "yes," is the current management staff aware of the search for new management?  Yes  No

## MEETINGS, CONFERENCES, AND TRADE SHOWS

1. Please list all meetings, conferences, and trade shows produced by//for your association each year:

Type of Event	No. of Meetings Per Year	City/Cities Where Event Last Held	No. of Days Per Event	Total Attendance	No. of Sessions	No. of Exhibitors	Total Net Square Feet of Exhibit Space

2. Does your association typically attend meetings, conferences, or shows other than those it produces?

Yes     No

If "yes," please explain why? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## COMMUNICATIONS

1. Does the association have a newsletter?

Yes     No

If "yes":

a. How often is it published? \_\_\_\_\_

b. Number of pages? \_\_\_\_\_

c. Does it carry advertising?  Yes     No

2. Does the association have a magazine or newspaper?

If "yes":

a. How often is it published? \_\_\_\_\_

b. Number of pages? \_\_\_\_\_

c. Does it carry advertising?  Yes     No

3. Does the association have a membership directory or roster?  Yes     No

If "yes":

a. How often is it published? \_\_\_\_\_

b. Number of many pages? \_\_\_\_\_

c. Does it carry advertising?  Yes     No

d. What other information does it contain? \_\_\_\_\_

4. Approximately how many times are bulletins or other mailings sent to members each year? \_\_\_\_\_

Explain, if necessary: \_\_\_\_\_  
 \_\_\_\_\_

5. Who is responsible for producing your publications?

Outside contractor     Members  
 Staff     Combination: \_\_\_\_\_

6. Who is responsible for producing your membership directory?

Outside contractor     Members  
 Staff     Combination: \_\_\_\_\_

**REQUIRED MATERIALS**

Please attach a copy of the following items:

- Copy of by-laws
- List of officers and directors
- Current financial statement
- Mission statement or purpose of the association
- Financial statement of last full year

**REQUESTED MATERIALS**

1. The following items are also requested:

- Magazine
- Newsletter
- Newspaper
- Membership application
- Membership brochure
- Membership directory
- Roster of present management
- Annual meeting promotional brochure
- Trade show promotional brochure
- Board meeting minutes from the past 1-3 years