



December 2021 – Membership Survey

To continuously improve your Chapter experience; please let us know how we are doing. Submit completed survey to be entered in gift card drawing.

Please complete the following statements:

1. What I like most about the SEFL NIGP Chapter is

2. I wish the Chapter would do more

3. I wish the Chapter would stop doing

4. My idea of a fun group activity is (check all that apply and add other things if you like)

<ul style="list-style-type: none">• Picnic	<ul style="list-style-type: none">• Family Fun Day
<ul style="list-style-type: none">• Beach Party	<ul style="list-style-type: none">• Group Lunch at restaurant
<ul style="list-style-type: none">• Volunteering in the community as a group	<ul style="list-style-type: none">• Something indoors (it's South Florida and it is HOT)
<ul style="list-style-type: none">• Escape Room	<ul style="list-style-type: none">• Mystery Dinner Theater
<ul style="list-style-type: none">•	<ul style="list-style-type: none">•
<ul style="list-style-type: none">•	<ul style="list-style-type: none">•



<ul style="list-style-type: none">• Golf	<ul style="list-style-type: none">• Tennis
<ul style="list-style-type: none">• Movies	<ul style="list-style-type: none">• Painting/Art
<ul style="list-style-type: none">• Reading	<ul style="list-style-type: none">• Hunting
<ul style="list-style-type: none">• Group Sports	<ul style="list-style-type: none">• Crafting
<ul style="list-style-type: none">• Listening to Music	<ul style="list-style-type: none">• Time with Family
<ul style="list-style-type: none">• Gardening	<ul style="list-style-type: none">• Time with Pets
<ul style="list-style-type: none">• Martial Arts	<ul style="list-style-type: none">• Working Out
<ul style="list-style-type: none">• Yoga	<ul style="list-style-type: none">• Playing an Instrument
<ul style="list-style-type: none">•	<ul style="list-style-type: none">•
<ul style="list-style-type: none">•	<ul style="list-style-type: none">•

6. I love this organization and want to help as a...

- Committee Chair
- Committee Member
- As needed

Name:	Contact #:
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