
Chapter Affiliation Requirements

(CARE)

Workbook

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# Welcome

Dear Chapter Leader,

Welcome to the Chapter Affiliation Requirements (CARE) online submission form.

The CARE submission consists of questions around the six components of CARE: Board of Directors, Governance, Finance, Membership, Programming, and Communications. Each component will have questions related to the CARE achievement, CARE Plus achievement, and demographics. These questions will be labeled and will appear in the following order for each component.

**Part 1:** **CARE Foundational** – A self-reporting assessment evaluating the chapter’s achievements of the 2023 CARE elements.

**Part 2:** **CARE Plus** – New to the survey in 2020, this is an optional tier known as CARE Plus. CARE Plus is a collection of best practices, and its purpose is to provide chapter leaders with recognition opportunities, a personalized roadmap to help identify gaps and strengthen chapter operations, flexibility for self-paced growth, formalized processes to address common chapter challenges, and a growth mindset. CARE Plus does not affect a chapter’s ability to achieve CARE, and it is recommended that chapters attempt to answer the questions presented. To be CARE Plus achieved, a chapter must complete the required number of items in each category in addition to achieving CARE at the foundational level.

**Part 3**: **Demographics** – These questions assist with chapters’ ability to benchmark against one another and do not impact CARE achievement.

The CARE submission reports on a chapter’s activities during the 2023 calendar year. Even if a chapter doesn’t operate on a calendar year basis, as long as the chapter has met CARE during the calendar year, the chapter can base its submission on those accomplishments.

**The deadline for completing the online CARE survey is January 31, 2024.** To qualify for 100 percent completion of CARE, a chapter must complete the online survey by this date. Even if the chapter achieves 100 percent in all elements, submission of the online survey and submission of all specified documentation are required by the deadline to be recognized as a chapter that has achieved 100 percent CARE.

To ensure consistency and accuracy in reporting, chapters are advised to identify and select one leader as your chapter’s CARE contact. This person will receive your chapter’s unique CARE survey submission link, and is responsible for receiving, reviewing, and appropriately disseminating all CARE news, updates, and requirements to chapter leadership, including completing and submitting the chapter’s CARE survey by **January 31, 2024**. However, please note that CARE is and remains the responsibility of the entire board. Use this workbook to compile responses and review their accuracy prior to submission of the online survey.

If you need additional information about CARE, please visit the CARE website at [td.org/care](http://www.td.org/care) or contact your [chapter relations manager](https://www.td.org/crm) (CRM).

Thank you for your ongoing time, commitment, and leadership!

ATD Chapter Services Team

# General survey information

**Chapter Address***This is your chapter's address currently on file with ATD:*

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is the mailing address currently on file with ATD correct?**

* + Yes
	+ No
* **If the chapter selects “no,” please provide the updated address for the chapter.**

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Board of Directors: CAre foundational items

(Please note: The below items affect a chapter’s CARE achievement.)

**Chapter submits an incoming 2023 board roster using the** [**Excel template**](https://d22bbllmj4tvv8.cloudfront.net/ce/f9/c593cbf74be0b7d25447f49e83db/care-2022-board-roster-template.xlsx)**.**

*Having an accurate board roster for the chapter enables chapter services to share timely and helpful information with chapter leaders. Additionally, chapter leaders included on board rosters receive access to a discounted ATD Professional Plus membership. Please share updates with ATD Chapter Services as changes occur.*

[File Upload]

**The chapter board meets at least once per quarter.**

* True
* False

**Chapter board members maintain Power membership (joint chapter/ATD national membership).**

*Validated by ATD Chapter Services.*

* True
* False

**Chapter maintains written position descriptions for elected members.**

* True
* False

# Board of directors: CARE plus items

**The chapter provides a defined orientation/onboarding process for incoming board members.**

* + True
	+ False

**If True:**

* How is the board member onboarding delivered?
	+ In-person
	+ Virtually
	+ Hybrid
* What is the approximate frequency of your board member onboarding?
	+ Annually
	+ As needed
	+ Monthly
	+ Quarterly
* In what month(s) does the board member onboarding occur?

*Select one or more options.*

* January
* February
* March
* April
* May
* June
* July
* August
* September
* October
* November
* December
* What kind of coaching or mentoring does the chapter provide board members?
* Board meetings, strategy session, or board retreat has time dedicated to board member coaching or mentoring
* New board members shadow or attend board meetings prior to the start of their term
* Onboarding materials made available to incoming positions
* Outgoing position mentors incoming position
* President one-on-one
* President team (president, president elect, or past president)
* Onboarding materials made available to incoming positions
* Other

If “Other,” briefly explain what kind of coaching or mentoring during the onboarding process the chapter provides to new board members.

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

* Who leads the onboarding of new board member(s)?
* President
* Board member role dedicated to onboarding
* Role predecessor
* Other

If “Other,” briefly explain who is leading the new board member(s) onboarding.

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

**The chapter has a succession strategy for identifying and filling board member positions.**

* True
* False

**If True:**

* Select all that apply.
* Has a nominating committee responsible for selecting future board members
* Offers opportunities to attend board meetings to educate prospective board members on board activities
* Maintains an ongoing list of prospective board members detailing the fit for a specific role and the individual’s skills and traits
* Has board member dedicated to identifying future board members
* Has multiple touch points with prospects to keep them engaged and informed
* Other

If “Other,” describe the elements of your succession strategy.

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

* Does your chapter review its succession plan annually?
* Yes
* No

**The chapter has a volunteer recruitment strategy in place for positions that support the work of the board.**

* True
* False

**If True:**

* The chapter volunteer recruitment strategy includes:

*Select all that apply.*

* Board is structured for succession planning (for instance, Vice President, Assistant, Committee Lead, etc.)
* Dedicated webpage highlighting opportunities
* Please provide link\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Position dedicated to coordinating chapter volunteers
* Targeted outreach to prospective volunteers
* Volunteer job descriptions
* Volunteer marketing using the website, social media, and email
* Volunteer open house
* Volunteer recruitment goal included in annual goals and strategies (formerly operating plan)
* Other

If “Other,” describe the elements of your recruitment strategy.

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

**At least one board member (excluding paid administrators) attends a NAC area call.**

*Live attendance to be tracked by chapter services.*

* True
* False

**The chapter has board member(s) attend the ATD Chapter Leaders Conference (ALC) annually.** *Attendance to be confirmed by chapter services.*

* True
* False

**The chapter has an advisory board or council that involves past presidents in chapter activities.**

* True
* False

**If True:**

* Identify number of participants and list their names.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**The chapter board meets to strategically plan for the future.**

* True
* False

**If True**:

* + - When did the chapter board meet to create its strategic plan?

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

**The chapter board submitted a best practice to the SOS program in the past calendar year.**

* True
* False

**If True**:

* + - Provide the SOS Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		- Provide the SOS Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Board of directors: demographic questions

**When are your chapter board meetings typically held?**

* Monthly
* Bi-monthly (occurring every two months)
* Quarterly
* Other

If “Other,” when are your chapter board meetings typically held?

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

**Does your chapter pay for ATD membership dues for one or more chapter board members?**

* Yes
* No

**When do your incoming board members OFFICIALLY begin their terms?**

* 1st Quarter (January – March)
* 2nd Quarter (April – June)
* 3rd Quarter (July – September)
* 4th Quarter (October – December)

# Governance: CARE Foundational Items

(Please note: The below items affect a chapter’s CARE achievement.)
 **The chapter creates and submits a 2024 operational plan that includes but is not limited to: annual goals, communication and marketing strategy, recruitment and retention strategy, and succession planning strategy.***By sharing a copy of your chapter’s operating plan, chapter relations managers and members of the National Advisors for Chapters can better support our chapter in achieving its strategic goals. Leverage the* [*Operating Plan Template*](https://d22bbllmj4tvv8.cloudfront.net/1e/5c/0f6404e848d5bfa6377e85609570/2023-chapter-operating-plan-template.docx) *to create a plan for your chapter.*

[File Upload]

 **The chapter’s mission, vision, and bylaws align with those of ATD, and the chapter meets the ATD branding guidelines.**

* True
* False

**The chapter complies with federal and state reporting requirements.***Submission of 990/990-N filings to chapter services is required. Requirements vary by state and may differ for incorporated versus non-incorporated chapters.*

* True
* False

**The chapter members participate in the nomination and election of the chapter board.**

* True
* False

# Governance: CARE Plus Items

**The chapter board maintains and updates its Standard Operating Procedures (SOPs) annually or as needed throughout the year.**

* True
* False

**If True:**

* Which of the following do your SOPs include?

*Select all that apply.*

* CARE Requirements
* Chapter Background
* Conflict of Interest Policy
* Election of Officers
* Job Descriptions
* Mission & Vision
* Organizational Chart
* Past Presidents
* Policies and Procedures
* Strategic Goals
* Other

If “Other,” please explain what additional items are included in your chapter’s SOPs.

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

**The chapter board reviews its bylaws annually, including a review of the bylaws as part of board member onboarding.**

* True
* False

**If True:**

* Provide the date that bylaws were last reviewed.

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

**The chapter makes board meeting minutes or summaries available to members.**

* True
* False

**If True:**

* How are board meeting minutes or summaries made available to members?

*Select all that apply.*

* Posted publicly on website
	+ Please provide link. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Posted on website to members only
* Emailed upon request
* Included in newsletter
* Other

If “Other,” please explain additional ways the chapter makes board meeting minutes or summaries available to members.

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

**The board maintains a central repository or document library for archiving important chapter documents.**

* True
* False

**If True:**

* What system does the chapter use as a central repository or document library for archiving important chapter documents?

*Select all that apply.*

* Basecamp
* Box
* Dropbox
* Google Drive
* One Drive
* SharePoint
* Wild Apricot
* Other

If “Other,” please list the platform the chapter is using.

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

# Governance: Demographic questions

**What types of insurance coverage does your chapter have?***Select all that apply.*

* Directors and Officers liability insurance
* Event-based insurance coverage
* General liability
* Professional liability

**Is your chapter incorporated?**Maintaining accurate and up-to-date information about your chapter’s EIN, tax-exempt status, and incorporation status is a best practice that can prevent the chapter from encountering costly legal issues in the future. To determine if your chapter is incorporated, visit your Secretary of State’s website, and use the business entity search function.

* Yes
* No

Finance: CARE Foundational Items
(Please note: The below items affect a chapter’s CARE achievement.)

**The chapter board develops an annual operating budget and makes it available to members.**

* True
* False

**Chapter submits its most recent balance sheet and income statement through the survey submission site by January 31, 2024.**

* True
* False

**Most Recent Income Statement showing projected and actual numbers.**

*A brief explanation of any loss or gain should be provided. Chapter submits its year-end profit and loss statement. Leverage the* [*income statement template*](https://d22bbllmj4tvv8.cloudfront.net/f4/14/3b52b30949fd9a5c15755da6d858/income-statement-template.xlsx)*.*

[File Upload]

**Most Recent Yearly Balance Sheet**
*Chapter submits its balance sheet as of December 31, 2023. Leverage the* [*balance sheet template*](https://d22bbllmj4tvv8.cloudfront.net/59/e7/b105c56c44f7b5a35ddd82562764/2022-balance-sheet-template.xlsx) *available.*

[File Upload]

 **Chapter board has an internal or external financial review completed annually by a person or group not directly responsible for the management of chapter finances.**

* True
* False

**Employer Identification Number (EIN)***Please note the below will be auto-populated by chapter services**for review.*

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

**Please confirm the above EIN listed is accurate.**

* True
* False

If not correct, please provide the chapter’s correct EIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Finance: CARE Plus Items

**The chapter has approximately three (3) to six (6) months of operating expenses set aside for emergency situations.***Should be noted on submitted financial statements.*

* True
* False

**The chapter board completes a risk assessment and reviews it annually.**

* True
* False

**If True:**

* Submit your chapter’s risk assessment.

*Leverage the* [*risk assessment template*](https://d22bbllmj4tvv8.cloudfront.net/86/0d/ef90cdd644259c7c01de4c62c27e/chapter-risk-assessment-guide-template.docx) *if needed.*

[File Upload]

**The chapter budgets to send board members to the ATD Chapter Leaders Conference (ALC) or covers the cost of ATD membership.**
*Should be noted as a budget item on submitted financial statements.*

* True
* False

**If True:**

* How many chapter leaders are budgeted to attend ALC in 2024?

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

**The chapter has a partnership strategy that identifies, recruits, and maintains partnerships to support chapter programming and operations.***Note: Partners typically provide support or services outside of funds.*

* True
* False

**If True:**

* Please select the type of partner(s) the chapter works with.
* Other ATD Chapter(s)
* Higher Education
* Content Provider or LMS
* Other Professional Association(s)
* Business(es) or Non-Profit(s)
* Other

If “Other,” please provide the type or name of partner(s):

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

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**The chapter has sponsors to support chapter programming and operations.**

* True
* False

**If True:**

* Please select the type of sponsor(s) the chapter works with.
* Local Business(es)
* Higher Education
* Learning or Consulting Agency
* Content Provider or LMS
* Other

If “Other,” please provide a list with the type or name of chapter sponsors.

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

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# Finance: Demographic questions

**Does your chapter pay for any administration help, such as a management firm, or other administrative service?**

* Yes
* No
* If “yes,” please provide the following:

Administrative Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrative Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide the contact information for your chapter’s administrative help below.

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial contact email for all ATD payment notifications.**

*ATDs financial system allows for one main contact for all financial payment notifications. Please provide the email of who that contact will be for 2023. We recommend using an evergreen email, such as* *finance@chaptername.com*

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

# Membership: CARE Foundational Items

(Please note: The below items affect a chapter’s CARE achievement.)

 **2023 Chapter Membership Roster as of 12/31/23**

*Chapter submits year-end membership roster using the* [*Excel template*](https://d22bbllmj4tvv8.cloudfront.net/9a/68/3211c1774503ac272d38170fce9c/2022-care-membership-roster-template.xlsx)*.\**

*Collecting chapter membership rosters allows chapter services to maintain a historical record of chapter membership.*

*\*Chapters participating in the Wild Apricot (WA) partnership program do not have to upload their current chapter membership roster. Chapter services can pull that for you if you have provided Chapter Services with “Full Administrative Rights” access to your account (required for all chapters participating in the WA discount partnership program). For your reference, the username should match below:*

*Username:* *chapters@td.org*

*For more information on providing “Full Administrative Rights,” please visit the* [*Wild Apricot help page on setting up administrators*](https://gethelp.wildapricot.com/en/articles/50-account-administrators)*.*

[File Upload]

**The chapter board assesses its members’ needs and satisfaction levels at least once per year.**

* True
* False

**By 12/31/2023, the chapter achieves a minimum of 20 joint chapter and ATD members (the original chapter chartering requirement) and 35 percent of the chapter’s membership simultaneously.**

* True
* False

**The chapter completes 10 activities of the chapter’s choice.***For support, review the* [*joint membership activities job aid*](https://www.td.org/chapters/clc/care/joint-membership-activities)*.*

* True
* False

**If True:**

* Please select all joint membership activities that the chapter completed in 2023.
*Select all that apply.*
* Mentions Power membership at the beginning of each chapter event
* Uses PowerPoint slides at each event highlighting Power membership
* Has printed Power member collateral displayed at each event
* Participates in the Chapter membership on the ATD Store Program
* Participates in ATD Member Week by offering a 10 percent discount on its membership
* Shares best practices on joint membership with chapter leaders by presenting on NAC area calls, submitting an SOS, or presenting at ALC
* Features a Power member section in the chapter newsletter
* Displays Power member logos on chapter website
* Has Power member testimonials on website, in the chapter newsletter, and at meetings
* Posts Power member messages on social media
* Promotes Power membership at SIG and GIG meetings
* Requests list of ATD members quarterly to identify prospects
* Requests joint membership percentage from your CRM quarterly
* Promotes Power membership at chapter conference(s)
* Promotes Power membership at chapter special event, including an information table with both chapter and ATD materials
* Creates a group or corporate Power membership structure
* Discusses Power membership at each board meeting
* Conducts a membership drive
* Holds a program on the value of membership
* Conducts new member orientations
* Holds an event to recruit ATD members to chapter membership
* Publicizes the special “Power member” rate (Professional: $249 or Professional Plus: $409 for chapter members)
* Hosts a Power member page on chapter website
* Highlights Power membership in chapter emails
* Sends a targeted email to prospective members promoting Power membership once a quarter
* Other

If “Other,” please provide a brief description of your activities.

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* None of the above

**Highest Joint Membership Data**

*The questions below are prepopulated for your convenience. Should you disagree, please select “no” in response to the following question to enter in your own data.*

*Chapters receive quarterly information about their joint membership percentage from their designated chapter relations manager (CRM). Please refer to these reports or contact your CRM to verify your chapter’s 2023 joint membership information. To calculate your joint membership percentage, divide the number of Power members (joint chapter-ATD national members) by the total number of chapter members multiplied by 100. (Joint membership % = joint members/chapter members x 100)*

**The highest joint membership (members of both ATD national and your chapter) percentage achieved by the chapter in 2023.**

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

**Do you agree with the pre-populated figures above?**

* Yes
* No

If no, what was the highest joint membership (members of both ATD national and your chapter) percentage achieved by the chapter in 2023?

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

**The total number of joint members when your chapter achieved its highest joint membership percentage in 2023.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you agree with the pre-populated figures above?**

* Yes
* No

If no, when your chapter achieved its highest joint membership percentage in 2023, what was the total number of joint members?

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

**The total number of chapter members when your chapter achieved its highest joint membership percentage in 2023.**

*This number should be greater than the answer given to the previous question.*

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

**Do you agree with the pre-populated figures above?**

* Yes
* No

If no, when your chapter achieved its highest joint membership percentage in 2023, what was the total number of chapter members?

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

# Membership: CARE Plus Items

**The chapter has a member/volunteer recognition or spotlight program.**

* True
* False

**If True:**

* **How does the chapter provide recognition?***Select all that apply.*
* Hosts an appreciation event
* Provides an award or gift
* Recognizes at an in-person event
* Reserves a section in the newsletter
* Spotlights on the chapter website or social media
* Other

If “Other,” describe other ways the chapter provides recognition.

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

**The chapter offers a job board, consultant referral service, resume workshop, or other service(s) not included in your chapter’s member benefits.**

* True
* False

**If True:**

* What service does your chapter offer?*Select all that apply.*
* Consultant referral services
* Job board
* Resume review workshop
* Other
If “Other,” please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The chapter hosts an orientation for new members.**

* True
* False

**If True:**

* How is the new member onboarding delivered?
* In-person
* Virtual
* Hybrid
* What is the program frequency?
* Monthly
* Quarterly
* Twice a year
* Annually
* On-demand
* Other

If “Other,” please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* What content is included in the onboarding?
*Select all that apply.*
* ATD overview
* Chapter background
* Overview of events
* Member benefits
* Power Membership
* Volunteer opportunities
* Other

If “Other,” please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The chapter tracks the retention rate of its members and determines a target retention rate to meet annually.** *(End Count – New Members) ÷ Start Count = Retention Rate*

* True
* False

**If True:**

* Provide your chapter’s average retention rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The chapter makes its membership available on the ATD Store.**

*The response has been prepopulated per ATD’s records.*

* True
* False

**Do you agree with the data listed above?**

* + - Yes
		- No

If No, please provide further explanation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The chapter creates awareness about volunteering for the chapter and open positions.**

* True
* False

**If True:**

* Volunteer recruitment resources include:

*Select all that apply.*

* Announcements at chapter events
* Dedicated webpage with open volunteer positions
	+ Provide webpage link \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Volunteer job descriptions
* Volunteer fair/event
* Volunteer marketing through social media and email.
* Webinar
* Other

If “Other,” please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The chapter achieves a joint chapter/ATD membership rate of 45 percent or higher while meeting the 20 joint member minimum.**
*To be confirmed by chapter services.*

* True
* False

**The chapter identifies those activities having the most impact on its joint membership rate.**

* True
* False

**If True:**

* What are the activities that have the most impact on the joint membership rate for the chapter?

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

**The chapter holds a defined initiative or campaign to recruit prospective members.***Note: The campaign should not include giving away chapter membership to prospects.*

* True
* False

# Membership: Demographic questions

**What was your chapter’s average membership number for 2023?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*The above response is a quarterly average and has been prepopulated for your convenience as of 09/30/2023. Do you agree with the data listed?*

* Yes
* No

If No, what was your chapters average membership number for 2023?

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

**Did your chapter raise dues in 2023?**

* Yes
* No

If yes, how much were dues raised?

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

**Did your chapter lower dues in 2023?**

* Yes
* No

If yes, how much were dues lowered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your chapter plan to raise dues in 2024?**

* + Yes
	+ No

If yes, what will the chapter’s new individual or regular membership dues be?

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

**What are your chapter’s current dues?**

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

**Which of the following dues categories does your chapter have?**

*Select all that apply.*

* Group/Corporate member
* How much are your corporate or group membership dues per member?

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

* Senior member
	+ How much are your senior membership dues?

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

* Student member
	+ How much are your student membership dues?

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

* + How many student members does your chapter have?

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

* + Which of the following are requirements for a student to qualify for a chapter student membership rate?*Select all that apply.*
		- Attend an accredited university or college
		- Demonstrate they are taking classes in a talent development-related field
		- Demonstrate they are in a degree program in a talent development-related field
		- Take a minimum number of credit hours
	+ Please enter the number of credit hours.

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

* None of the above
* Please provide criteria. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Young professional member
	+ How much are your young professional membership dues?
* Other
	+ Please list additional dues categories.

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

* + How much are your current membership dues for the additional membership category?

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

**Does your chapter provide ATD members a discount on chapter membership?**

* Yes
* No
	+ If yes, what is the percent of your discount?

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

# Chapter membership on the store

**Is your chapter on the ATD Store?**

* Yes
* No

**If Yes:**

* What is your Chapter membership on the Store Contact Name?

*Each chapter can have one contact who will receive an immediate notification when a new member joins the chapter and the weekly member roster. Please provide the first and last name of who the chapter would like to have as the contact in 2023.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* What is your Chapter membership on the Store Contact Email?

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

* What types of membership do you offer on the store?
* Individual or Regular
	+ Please confirm the correct individual or regular membership price for 2024

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

* Senior
	+ Please confirm the correct senior membership price for 2024
* Student
	+ Please confirm the correct student membership price for 2024

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

* Young Professional
	+ Please confirm the correct young professional membership price for 2024

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

**If No:**

* Would you be interested in joining the ATD Store in 2024?
* Yes
* No

If Yes, please provide:

* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emails to receive monthly sales report.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Programming: CARE Foundational Items

(Please note: The below items affect a chapter’s CARE achievement.)

 **The chapter provides at least six (6) professional development activities per year for members.** *Examples: webinars, dinner programs, networking, monthly events, etc.*

* True
* False

# Programming: CARE Plus Items

**The chapter offers a mentoring program or initiative for its members.**

* True
* False

**If True:**

* How long is your program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How many mentees did you have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How many mentors did you have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The chapter utilizes ATD’s Talent Development Capability Model™ in program development.**

* True
* False

**If True:**

* Select the Capabilities used:

*Select all that apply.*

* Building **Personal** Capability
	+ Communication
	+ Emotional Intelligence and Decision Making
	+ Collaboration and Leadership
	+ Cultural Awareness and Inclusion
	+ Project Management
	+ Compliance and Ethical Behavior
	+ Lifelong Learning
* Developing **Professional** Capability
	+ Learning Sciences
	+ Instructional Design
	+ Training Delivery and Facilitation
	+ Technology Application
	+ Knowledge Management
	+ Career and Leadership Development
	+ Coaching
	+ Evaluating Impact
* Impacting **Organizational** Capability
	+ Business Insight
	+ Consulting and Business Partnering
	+ Organization Development and Culture
	+ Talent Strategy and Management
	+ Performance Improvement
	+ Change Management
	+ Data and Analytics
	+ Future Readiness

**The chapter hosts MORE THAN six professional development events each year.***Includes Special Interest Group (SIG)/Geographic Interest Group (GIG) events, webinars, etc.*

* True
* False

**If True:**

* How many networking events did the chapter hold in 2023?

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

* How many Special Interest Group (SIG) events did the chapter hold in 2023?

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

* How many Geographic Interest Group (GIG) events did the chapter hold in 2023?

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

* How many webinar events did the chapter hold in 2023?

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

**The chapter hosts or partners with other local chapters to host a conference for its members and prospects.**

* True
* False

**If True:**

* When did the chapter’s conference take place?

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

* What was the conference theme?

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

* How many people attended the conference?

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

* What ATD chapters, if any, did the chapter partner with on the conference?

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

**The chapter offers its own study groups for the Associate Professional in Talent Development (APTD®) or Certified Professional in Talent Development (CPTD®).**

* True
* False

**If True:**

* What type of study group does the chapter offer?

*Select all that apply.*

* APTD
	+ On average, how many study groups did your chapter run in 2023? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ What is the average number of participants per study group? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* CPTD
	+ - On average, how many study groups did your chapter run in 2023? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		- What is the average number of participants per study group? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The chapter hosts its own awards program.**

* True
* False

**If True:**

* What awards categories do you provide?
	+ Company
	+ Consulting
	+ Individual
	+ Internship
	+ Professional Achievement
	+ Non-profits
	+ Work teams
	+ Other

If “other”, please list the categories of the chapter’s awards program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The chapter collaborates with other chapters to plan and host joint programming.**

* True
* False

**If True:**

* When did the joint program take place?

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

* How many people attended the joint program?

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

* What ATD chapter(s) did the chapter partner with on the program?

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

# Programming: Demographic questions

**When are the majority of your regular programs held?**

* Morning
* Lunchtime
* Afternoon
* Evening
* Other

If “Other,” please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In-Person Programming Data

**What is the average attendance at your regular in-person chapter meeting?**

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

**What is the approximate registration fee for a chapter member to attend an in-person chapter program?**

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

**What is the approximate registration fee for a non-member to attend an in-person chapter program?**

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

**What is the approximate registration fee for a chapter member to attend an in-person chapter-sponsored conference?**

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

**What is the approximate registration fee for a non-member to attend an in-person chapter-sponsored conference?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Virtual Programming Data

**What is the average attendance at your regular virtual chapter meeting?**

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

**What is the approximate registration fee for a chapter member to attend a virtual chapter program?**

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

**What is the approximate registration fee for a non-member to attend a virtual chapter program?**

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

**What is the approximate registration fee for a chapter non-member to attend a virtual chapter-sponsored conference?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is the approximate registration fee for a non-member to attend a virtual chapter-sponsored conference?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any Special Interest Groups (SIGs)?**

* No
* Yes

If yes, what is the focus of your SIG(s)?

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

# Communication: CARE Foundational Items

(Please note: The below items affect a chapter’s CARE achievement.)

**The chapter maintains a current website with up-to-date information.**

* True
* False

**The chapter disseminates a communication piece to members at least once per quarter that includes chapter and ATD programs and initiatives.**

* True
* False

**The chapter board shares the following information with members at least once per year: membership numbers, financial performance, and progress toward annual goals.***The format can be a formal report, video, infographic, table tents at events, newsletter article, or others.*

* True
* False

**Board members hold, at minimum, an annual phone call with their chapter relations manager to identify opportunities for support.**

*The response has been prepopulated per ATD's records.*

* True
* False

**Do you agree with the data listed above?**

* Yes
* No

If no, please provide a further explanation.

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

# Communication: CARE Plus Items

**The chapter communicates with its membership about non-programming information. This can be included in a blog, video blog (vlog), newsletter, or other format.**

* True
* False

**If True:**

* What does the chapter use?
*Select all that apply.*
* Blog
* Email
* Facebook page
* Instagram
* LinkedIn group
* Newsletter
* Video blog
* Twitter
* YouTube
* TikTok
* Slack
* Other

If “Other,” explain what other communication tools does the chapter use?

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

**The chapter has a targeted communication strategy and plan (including social media) to communicate with chapter prospects and members.**

* True
* False

**The chapter provides a members-only section through the chapter’s website or social media platforms.**

* True
* False

**If True:**

* Select what information is provided behind the member gateway or social medial channels used.

*Select all that apply.*

* + Board meeting minutes
	+ Event materials
	+ Governance documents
	+ Job board
	+ Member directory
	+ Mentoring
	+ Other

If “Other,” provide a brief description of what information is provided behind member-gateway or social media channels used?

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

**The chapter participates in and promotes Employee Learning Week (ELW).**

* True
* False

**If True:**

* What did your chapter do to support Employee Learning Week?

*Select all that apply.*

* Hosted a themed event
* Organized an awards program
* Received a state proclamation
* Organized a relevant communications plan
* Hosted a webinar
* Other

If “Other,” please describe:

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

# Communication: Demographic questions

**Which of the following does your chapter have?**

*Select all that apply.*

* Facebook
	+ What is your Facebook link? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Instagram
	+ What is your Instagram username? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* LinkedIn group
	+ What is your LinkedIn group name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Snapchat
	+ What is your Snapchat username? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* TikTok
	+ What is your TikTok username? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Twitter
	+ What is your Twitter username? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* YouTube
	+ What is your YouTube username? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Blog
	+ What is your Blog url? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other
	+ What other social media does your chapter have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None of the above