

AFFINITY GROUP RENEWAL APPLICATION FORM

Date: _____

Name of Affinity Group: _____

Please list the names, graduation years, email addresses, and roles/responsibilities of members who will be assuming leadership positions for this Affinity Group: (attach additional sheets as needed)

List the names, graduation years, and email addresses of members: (attach additional sheets as needed)

Are you the main contact for the group? Yes No (if no, please provide that name and email address)

Contact Name

Contact's email address

What is your preferred method of communication?

Email: _____ Phone: _____

Please check all that apply for your Affinity Group and fill in the information:

- Website _____
- Facebook _____
- Linked-In _____
- Other _____

Estimate how frequently your Affinity Group communicates with its constituents, using the following listed methods (Check one per line)

	<i>Never</i>	<i>Annually</i>	<i>Quarterly</i>	<i>Monthly</i>	<i>Weekly</i>
Email event/activity notices					
Mail event/activity notices					
If your group has a website, how often is it updated?					
Publish a newsletter: <input type="checkbox"/> Printed <input type="checkbox"/> Electronic					
Advertise meetings and events through social media					

What would you say is your Affinity Group's biggest accomplishment for this past year?

How does your Affinity Group attract new members?

What would members of your Affinity Group say is its biggest strength?

In what areas would you like to see your Affinity Group grow? (ex- membership? fundraising? contact?)

What was the biggest challenge to your Affinity Group this past year?

What are your Affinity Group's two biggest priorities for the coming year?

Does your Affinity Group have any upcoming special celebrations or anniversaries that can be recognized?

Please list a summary of your events for the past fiscal year (July 1 – June 30).

Type of event: PROFESSIONAL EDUCATIONAL CULTURAL SOCIAL OTHER: _____

Event Name: _____

Event Description: _____

Date of Event: _____ Event Attendance: _____

Event was organized by: (Check all that apply)

Affinity Group BGSU Alumni Office Other group: _____

Fundraising Goal: _____ Goal Met? Yes No

Type of event: PROFESSIONAL EDUCATIONAL CULTURAL SOCIAL OTHER: _____

Event Name: _____

Event Description: _____

Date of Event: _____ Event Attendance: _____

Event was organized by: (Check all that apply)

Affinity Group BGSU Alumni Office Other group: _____

Fundraising Goal: _____ Goal Met? Yes No



Please use this page to provide any feedback, comments, or suggestions.

How often do you communicate with the BGSU Alumni Office staff?

How has your Affinity Group felt supported by the BGSU Alumni Office staff?

How can the BGSU Alumni Office better assist and support your Affinity Group?

Other comments:

Application completed by:

Print Name

Signature

Date

Staff approval signature:

Print Name

Signature

Date