



International Military Community Executives' Association
IMCEA Local Chapter Formation Questionnaire

NAME _____ IMCEA MEMBER NO. _____
 POSITION TITLE _____ INSTALLATION/COMPANY _____
 OFFICE PHONE: _____ FAX _____
 EMAIL: _____ CMCE YES NO

We are in the process of forming a new IMCEA Local Chapter in this area.

Do you feel that a Chapter in this area could better meet your needs? YES NO

Would you be interested in becoming a Chapter Officer? YES NO

If yes, which Chapter office would you be interested in?

President Vice President Secretary Treasurer

Would you be willing to serve on a Chapter Committee? YES NO

If yes, which committee would you be interested in joining?

- Membership Committee
- Educational Committee
- Finance Committee
- Other Committee : _____
- Other Committees as needed

What would you like to see from your IMCEA Local Chapter?

What are the best dates and times for your IMCEA Local Chapter Meetings?

Thank you for taking the time to complete this questionnaire. We hope that you will join us at the Chapter Constituting Meeting. We will send you an invitation as we get closer to the date.

Your Local Chapter Formation Team

Please return this form to : _____
 _____ by _____, 20__

For Formation Team Use Only: Area: _____ Received By: _____ Date: _____