

GENERIC EAA CHAPTER SURVEY

Name _____
 Address _____
 City _____ State _____ Zip _____
 email _____
 Home Phone () _____

EAA # _____
 Expires _____ Year Joined _____
 Member of the following division(s) ?
 Vintage Aircraft Assn. yes no
 Warbirds of America yes no
 Internat'l Aerobatic Club yes no

Occupation _____ Employer _____
 Work Phone () _____ Work email _____

Spouse's name _____
 Child _____ Age _____ Child _____ Age _____
 Child _____ Age _____ Child _____ Age _____

Chapter Leadership Positions Held

Position	Date (from-to)	Chapter #	Position	Date (from-to)	Chapter #
President	_____	_____	Vice President	_____	_____
Secretary	_____	_____	Treasurer	_____	_____
Chapter Director	_____	_____	Tech Counselor	_____	_____
Flight Advisor	_____	_____	Newsletter Editor	_____	_____
Young Eagle Coord.	_____	_____	Facilities Manager	_____	_____
Young Eagle Admin.	_____	_____	Flying Start Coord.	_____	_____
Membership Chrmn.	_____	_____	Librarian	_____	_____
Publicity Chairman	_____	_____	Events Chairman	_____	_____
Hospitality Chrmn.	_____	_____	Flying Start Coord.	_____	_____

Pilot Certificate and Ratings _____ FAA "Wings" Participant ?
 Medical Class _____ Date _____ Last BFR Date _____ yes level _____ no
 Mechanic Certificate(s) Held Airframe Powerplant Inspection Authorization

Aircraft Currently Owned

Year	Make	Model	Powerplant	Is it a project?
_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no

List any others here _____

Aircraft Under Consideration

Year	Make	Model	Powerplant	Is it a project?
_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no

Meeting Your Interests

In order for us to provide our members with meeting programs that are of benefit and interest we must know where your interests lie. Please rate the following program categories on a 0-5 scale with 0 being of no interest, 5 being of high interest. Do not rank them in order of preference.

If you are skilled or have extensive knowledge with regard to any of these program categories, please indicate so with 1-5 scale. With 1 being somewhat knowledgeable and 5 being very knowledgeable. Please indicate if you can help with any of these programs.

Interest Rating	Skill Rating	Can Help	
_____	_____	_____	Technical Information (Custom-Built, Builder Reports)
_____	_____	_____	Technical Information (Restorations, Restorer Reports)
_____	_____	_____	Technical Skill Workshops (Hands-On)
_____	_____	_____	Welding
_____	_____	_____	Composites
_____	_____	_____	Painting and Preparation
_____	_____	_____	Powerplant
_____	_____	_____	Care and feeding
_____	_____	_____	Overhaul
_____	_____	_____	Sheetmetal
_____	_____	_____	Layout and bending
_____	_____	_____	Riveting techniques
_____	_____	_____	Fabric Covering
_____	_____	_____	Woodwork
_____	_____	_____	Tool techniques
_____	_____	_____	Propellers
_____	_____	_____	Care and feeding
_____	_____	_____	Balancing
_____	_____	_____	Hydraulic Systems
_____	_____	_____	Fuel Systems
_____	_____	_____	Weight and Balance Clinic
_____	_____	_____	Commercial (Product manufacturers)
_____	_____	_____	Pilotage
_____	_____	_____	VFR Ground School / Refresher
_____	_____	_____	IFR Ground School / Refresher
_____	_____	_____	Navigation (GPS)
_____	_____	_____	Safety Programs (“FAA Wings”)
_____	_____	_____	Project Visits
_____	_____	_____	Field Trips (ATC Center/ Tower/Tracon/Museums)
_____	_____	_____	Aviation History
_____	_____	_____	Photography and Video
_____	_____	_____	Aviation Records and Racing
_____	_____	_____	Aerobatics
_____	_____	_____	EAA and EAA Foundation Programs
_____	_____	_____	Gray / Bald Eagle Flights
_____	_____	_____	Travels by Personal Aircraft

Please write your specific program ideas here. _____

Personal Aviation and Chapter Interests

When and how did you become interested in aviation? _____

What expectations do you have of this Chapter ?

What improvements would you like to see within this Chapter ? _____

What do you enjoy the most about your affiliation with this Chapter ? _____

What do you enjoy the least about this Chapter ? _____

Please give us your candid comments about the following Chapter Leadership topics.

Corporate structure (Directors, Officers and Committees) _____

Leaders themselves. _____

Direction of Chapter _____

Overall, how would you rank this Chapter with others you are or have been a member of ?

Much better Better Same Worse Much worse No other Chapter

What is your overall satisfaction rating with regard to how well this Chapter is meeting your expectations and interests ?

Excellent Very good Good Bad Very bad

Volunteer Information

Check the positions in which you hold an interest in filling.

Elected Positions

- President
- Vice President
- Secretary
- Treasurer
- Director

Appointed Positions

- Newsletter Editor
- Young Eagle Coordinator
- Young Eagle Administrator
- Librarian
- Facilities Manager
- Events Chairman
- Hospitality Chairman
- Programs
- Flying Start Coordinator
- Membership Chairman
- Webmaster
- Publicity Chairman
- Government Affairs
- Historian
- Merchandise Chairman
- Photographer
- Fly-Out Chairman
- _____

Check the events in which you would like to volunteer your services.

- Hangar Dance
- Fly-In
- EAA Tours (B-17, Spirit of St. Louis)
- Regional Fly-In
- Barnstorming Young Eagle Rally
- Local Work Party Weekends
- Chapter Picnic
- Oshkosh Work Party Weekends
- Local Young Eagle Rallies
- Fly-Outs
- AirVenture Oshkosh
- Awards Banquet
- Builder's Workshops
- _____

If you have specific tools or skills that you would be willing to share with your fellow members, please list them here. _____

If there are any special tools or skills of which you are in need for your project, please list them here.

Please include any additional comments or questions you may have. _____

Thank you for completing this survey.