

GOLD WING TOURING ASSOCIATION

Destination Friendship



Chapter Director Evaluation

Chapter Director's Name _____ Chapter _____

Circle One

1.	Yes	No	Has adequate staff?
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If "No", what is needed in additional staffing? _____

Would you be interested in a staff position? _____

2.	Yes	No	Actively participates in chapter functions?
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Comments: _____

3.	Yes	No	Encourages chapter members to participate in chapter/GWTA events?
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Comments: _____

4.	Yes	No	Has the qualities needed to lead the chapter?
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If "No", what do you feel is lacking? _____

5.	Yes	No	Involves the chapter in decision making?
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If "No", do you attend the planning/business meetings where decisions are made? _____

6.	Yes	No	Asks for member input on chapter events?
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Comments: _____

7.	Yes	No	Listens to member complaints and tries to resolve issues?
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Comments: _____

8.	Yes	No	Does a good job conducting chapter meetings?
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Comments: _____

Circle One

9.	Yes	No	Chapter meetings are informative and fun?
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How would you improve meetings? _____

10.	Yes	No	Informs members of national, regional and state events?
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Comments: _____

11.	Yes	No	Encourages support and/or involvement in other chapter's meetings/events?
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Comments: _____

12.	Yes	No	Would this chapter director have your support in another term of office?
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Comments: _____

Member Information:

1. Average number of chapter meetings you attend per year?.....

2. Approximately how many other GWTA events do you attend?.....

3. Do you volunteer?..... Yes No

4. If you have not volunteered to be active in your chapter, would you if you were asked?..... Yes Possibly No

5. Suggestions for future rides or events you would like considered. _____

X _____
Your Name (Optional)

Thank you for taking the time to evaluate your chapter director. It is through this process along with your comments and suggestions that chapter directors can only better themselves. It is **YOUR** chapter and your responsibility to see that the needs and desires of the majority are met.