



# ECA MEMBER EXIT SURVEY

No. of Years as a Member \_\_\_\_\_  
official use only

Company Name: \_\_\_\_\_

Representative Name: \_\_\_\_\_ Date: \_\_\_\_\_

### How often would you say you used our services?

Weekly     Monthly     Annually     Never     Not Sure

### What was the reason for joining the ECA? Please, check all that apply:

- Assistance with IR issues     Training Services     Assistance in HR
- To be part of a membership/professional organization
- Employer Representation at national, regional and international level
- Other \_\_\_\_\_

### What is the reason for cancelling your membership? Please, check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Unsatisfactory Service<br><input type="checkbox"/> Staff members not helpful<br><input type="checkbox"/> Financial Reasons<br><input type="checkbox"/> Merger/Acquisition<br><input type="checkbox"/> Closure of Business<br><input type="checkbox"/> No Longer Interested<br><input type="checkbox"/> Not satisfied with member Benefits<br><input type="checkbox"/> Membership Fees too Costly<br><input type="checkbox"/> Other | <p><b>Other comments:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---|---|

### Can you make any suggestions for how we can improve the ECA and/or the Membership Experience?