



AMCA Membership Exit Interview Form

To better serve our members, we would like to know why you decided to leave the Arizona Municipal Clerks' Association (AMCA). Please take a few minutes to fill out this form. Your input will help guide the AMCA so that we remain relevant and valuable to all municipal clerks across the state.

1. First Name _____
2. Last Name _____
3. Job Title _____
4. Municipality _____
5. # of years you were an AMCA member _____
6. Forwarding Address* _____

*If you recently received your CMC/MMC designation but had left the AMCA prior to the Annual Business Meeting in July, you will receive your CMC/MMC plaque in the mail if you have completed this form and provided your forwarding address.

If you have ten (10) years of service or every five (5) years thereafter, you will receive your Service plaque in the mail if you have completed this form and provided your forwarding address.

7. What prompted you to leave the AMCA (*you may mark more than one box in this section*)?
- Moved out of state
 - Left organization
 - Hired/promoted to a non-clerk role within organization
 - Changing careers
 - Retired (*If checked, please skip to the Retirees section on the next page*)
 - Budget reductions
 - Time constraints
 - Membership did not meet expectations
 - Membership did not provide value
 - Membership benefits not relevant
 - No longer interested
 - Other reason _____

Please answer the additional questions on the next page before returning your completed form to Jennifer.Ekblad@chandleraz.gov. Thank you!

8. What did you gain from your AMCA membership?
9. What would have made your membership more beneficial?
10. Would you recommend the AMCA to other clerks? Why or why not?
11. What would encourage you to re-join the AMCA?
12. Do you want to submit a picture and have your responses to the above-listed questions included in the AMCA newsletter? Yes No

RETIREES, PLEASE COMPLETE THE FOLLOWING SECTION:

1. Official Retirement Date: _____
2. Personal Email _____
3. Personal Phone _____
4. Forwarding Address (*to receive a retirement gift, if applicable*)

5. Do you want to be invited to the Annual Business Meeting in July? Yes No
6. Do you want to submit a picture and statement to be displayed during the Annual Business Meeting? Yes No
7. Are you interested in becoming a Retired Member with the AMCA?
 Yes No Need more information
8. If you have been an AMCA member for ten (10) years or more, you are eligible to receive a retirement gift as a token of appreciation for your service in the profession. If applicable, please select which of the following parting gift options you would like to receive (*please provide your forwarding address in #4 above*):
 A Gift Card in the amount of \$100, or
 A one-time donation of \$100 to the AMCA Education Scholarship fund in your name.

The AMCA thanks you for your service!

**Return completed form along with a photo of yourself to
Jennifer.Ekblad@chandleraz.gov.**