



Request for Association Management Services
Association Profile

Thank you for your interest in our professional association management services. To help us understand your needs better, please complete this questionnaire and return it to IDP Association Management Company, Inc.

Please attach the following:

- Bylaws
Annual Budget/Financial Statement
Membership Brochure
Membership Application

Main Contact Information:

Name: Title:
Address:
City: State/Province: Postal Code/Zip:
Phone: Fax:
E-Mail:

Association Background:

- 1. Scope of Association: Local State/Regional National International
2. Year Established:
3. Is the Association Incorporated? YES NO UNSURE
4. Has the Association received tax exempt status from the Internal Revenue Service? YES NO
5. Association classification: 501(c)6 501(c)3 Other:

Association Membership:

- 6. Membership is comprised of: Individuals Companies Both
7. Please indicate the approximate number of members in each membership category and the applicable dues amounts for each category, or simply write this information on the membership application and forward with this completed Profile.

Table with 3 columns: Category or Membership Type, Number of Members, Annual Dues Amount.

### Association Membership *(continued)*:

8. Does the Association have a strategic plan?  YES  NO
9. Does the Association have a current Membership Development Plan?  YES  NO
10. Does the Association maintain a prospective membership list?  YES  NO
- Is this list computerized?  YES  NO
- How many prospects are on this list? \_\_\_\_\_

### Association Activities:

11. Please list below the names of the Committees (including Board of Directors) and briefly describe their function (please attach a separate sheet if you need more space):

Committee Name:	Function:

12. Describe the types of meetings (e.g., Conventions, Seminars, Workshop, Certification Programs, etc.) the Association conducts/sponsors throughout the year. Also, for each type of meeting, please indicate: the number of people that attend each meeting; the location (city/state) of the meetings; the type of facility used (hotel, company training facility, restaurant, etc.); the length of the meeting (number of days, hours, etc.); and, the registration fee (approximate) charged per person.

<b>A.</b>	Type of meeting:	How many per year:
	Number of people who attend:	Location:
	Facility Used:	Length of meeting:
	Registration Fee:	

<b>B.</b>	Type of meeting:	How many per year:
	Number of people who attend:	Location:
	Facility Used:	Length of meeting:
	Registration Fee:	

**Association Activities (continued):**

<b>C.</b>	Type of meeting:	How many per year:
	Number of people who attend:	Location:
	Facility Used:	Length of meeting:
	Registration Fee:	

<b>D.</b>	Type of meeting:	How many per year:
	Number of people who attend:	Location:
	Facility Used:	Length of meeting:
	Registration Fee:	

13. Does the Association contract with "outside" speakers?       YES       NO       UNSURE

14. Does the Association conduct a Trade Show?       YES       NO       UNSURE  
 (If YES, please describe or attach a printed Trade Show guide/promotional bulletin indicating the number of booths/exhibitors, exhibitor fees, concurrent seminars/educational programs, etc. for your trade show.)

15. Describe the type of publications produced by the Association (Newsletter, Magazines, Bulletins, etc.)  
 Please attach sample copies, if available.

Type of Publication:	Frequency:	Advertising Accepted?	
_____	_____	<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

16. Please indicate what members services are made available to your members: (check all that apply)

- Discount Long Distance Telephone Services
- Credit Card Programs
- Group Insurance Programs
- Other, please specify: \_\_\_\_\_  
 \_\_\_\_\_

Please describe the level of staff involvement for the above program(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Association Activities (continued):

17. What literature does the Association make available to members or non-members?
18. Please indicate any other functions/activities of the Association that were not mentioned above:

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### Accounting/Financial Management:

19. Does the Association's current staff maintain the books of the Association?       YES     NO     UNSURE
20. Would new management be expected to offer accounting services?       YES     NO     UNSURE
21. Please indicate the type of accounting services that the Association would like to have done by a management company:
- Budgeting
  - Bookkeeping
  - Financial Reports
  - Filing of Year-End Tax return (IRS Form 990)
  - Maintenance of Accounts Payable/Receivable
  - Other, please specify: \_\_\_\_\_
22. Is the Association's accounting system currently computerized?       YES     NO     UNSURE
23. What is the Association's Total Annual Budget?      \$\_\_\_\_\_ (Revenues)      \$\_\_\_\_\_ (Expenses)
24. Please attach a copy of the Association's current Operating Budget.

### Other Information:

Please provide information on any other programs, services, or projects for which association management is required. Feel free to attach additional pages.

**Thank you for Completing this Association Management Profile!**