

Example(s)
Contacting members to
Survey and/or update Member Info

Contacting: Name: _____
Phone Number: _____

Contact Introduction and Questions

I am _____ and I am part of the NARFE Chapter 182's Board of Directors. The main reason for my call is to personally contact all members of our chapter and especially to exchange important information with you. Your assistance is essential and certainly very important to us.

First I have a few questions to make sure that our records are complete.

- Do we have your correct mailing address? Yes [] No []
- What phone number is best for contacting you?

- Do you have an email address that you are willing to share with NARFE?
_____ Yes [] No []
- Are you receiving your monthly NARFE Magazine? Yes [] No []
- Are you receiving your Chapter Newsletter? Yes [] No []
- Do you wish to receive an email reminding you of our Chapter meetings?
Yes [] No []
- If no email, do you wish to receive a phone call reminding you of our Chapter meetings?
Yes [] No []
- Are there any special programs that you would like presented at a Chapter meeting?

- Do you have any other comments or additional information that you would like to share with us and do you have any questions you would like to ask us?

Corrections and Changes:

Name: _____
Street or Box: _____
City & State: _____
ZIP: _____
Correct or Beat Phone Number: _____
Email Address: _____

Contact Representative: _____



NARFE

National Active and Retired Federal Employees Association

P.O. Box 16424
Las Cruces, NM 88004-6424

DATE: _____

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____

Dear _____, I am contacting you with the hopes of updating your membership information with NARFE (National Active and Federal Employees), Chapter 182. It has been some time since we have updated our memberships' information and we want to make sure we have an up-to-date method to keep you informed. If you could take a few minutes to answer the questions below, and return them by post or email, we would be very appreciative.

First I have a few questions to make sure that our records are complete.

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Yes [] No []

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_____ Yes [] No []
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Do you have any other comments or additional information that you would like to share with us and do you have any questions you would like to ask us?

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Street or Box: _____

City & State: _____

ZIP: _____

Correct or Beat Phone Number: _____

Email Address: _____

Sincerely,
Your Name and Email