

tell us what you think...



Name (optional): _____

Section One

1. Do you value the friendship with your chapter sisters? Yes No
Do you have any suggestions how our chapter could strengthen friendships between members?

2. Do you enjoy the variety and quality of your chapter programs? Yes No
Do you have any suggestions for improvement?

3. Are you passionate about P.E.O. projects? Yes No
Comments:

4. Is our meeting day and time convenient for you? Yes No
If not, when is more convenient?

5. Do you believe in fulfilling your P.E.O. vow of active participation? Yes No

Section Two

1. In your opinion, are chapter meetings conducted in a timely, organized fashion?
 Yes No
2. Do you find our chapter programs fun and informational?
 Yes No
3. Do you believe members feel welcome and connected? Yes No
If not, what suggestions do you have for improving the situation?

4. Does our chapter support the projects financially and by consistently looking for potential recipients? Yes No
Comments:

Thank you! Please feel free to write any additional comments on the back of this worksheet.