



**Membership
2020**

Outreach Feedback Form

Thank you for taking part in the CDA's mission to maintain the members that we have and increase our membership to 81.2% of active dentists in Colorado by 2020. We appreciate your time and efforts.

Name: _____

Job title or leadership position: _____

What local dental society are you representing? _____

Yes	Do you agree that the orientation and training resources prepared you to participate in the CDA's Membership 2020 Plan outreach initiative?
No	

Comments:

What other resources might have been helpful in your outreach efforts?

Comments:

Did you encounter any challenges during your participation and if so please describe?

Comments:

Through your participation in this outreach initiative, did you identify any opportunities that can be leveraged for future recruitment and retention campaigns or communications?

Comments:

What were the results from your outreach activities?

How many non-members did you reach out to? _____

How many were you able to make contact with? _____

How many non-members converted to members? _____

Please provide any additional comments or suggestions you have for improving this initiative.

Comments:

Please send this form to Erica Carvin, Director of Membership via email at erica@cdaonline.org, fax to (303) 740-7989 or mail to the Colorado Dental Association 8301 East Prentice Avenue, Suite 400, Greenwood Village, CO 80111