

TAECE Member Survey

Thank you for your membership in TAECE. Please take a few minutes to fill out this survey to help us plan our future programs and services and compile demographic information. Thank you for your participation!

Please mail the completed survey to: Joan S. Smith
201 Prince Henry Court
Yorktown, VA 23693
Or email to joanssmith@msn.com

1. Are you a member of TAECE? _____
2. How long have you been a member of TAECE? _____
3. Membership Category: Regular _____ Student _____ Comprehensive _____
4. What was your main reason for joining TAECE?

5. Your membership is paid by _____
6. Your membership dues include membership in NAEYC. Which of the following membership benefits are you aware of?
Young Children journal _____ Reduced fees at annual NAEYC conference _____
NAEYC books and publications _____ NAEYC website _____
Children's Champions list serve _____ Discounts on insurance _____
Right to vote in NAEYC elections _____
7. Which of the above benefits are most useful to you?

8. Your membership fee includes membership in SECA. Which of the following SECA benefits are you aware of?
Newsletter/ Magazine _____ Reduced fees at annual SECA conference _____
Right to vote in SECA elections _____
9. Which of the above benefits are most useful to you?

10. Your membership fee includes membership in VAECE. Which of the following VAECE benefits are you aware of?

Newsletter/Magazine ___ Reduced fees at VAECE conference ___

Right to vote in VAECE elections ___

11. Which of the above benefits are most useful to you?

12. Your membership fee includes membership in TAECE. Which of the following TAECE benefits are you aware of?

Newsletter ___

Free or reduced rates at TAECE meetings/workshops and conferences ___

Right to vote in TAECE elections ___

13. Which of the above benefits are most useful to you?

14. Which TAECE benefits do you feel need improvement?

15. If you have served in a leadership role for TAECE, VAECE, SECA, or NAEYC, which position(s) did you serve? _____

17. Education: CDA ___ Associate ___ Bachelor ___ Master ___

Doctorate ___

My degree is in _____

18. Position(s) you hold:

Classroom Teacher ___ Family Child Care Provider ___

Program Director/ School Administrator ___

Education Coordinator/ Trainer ___

College Educator ___ Government Administrator/Regulator ___

Resource & Referral Specialist ___ Student ___

Retired ___ Other ___

19. Age(s) you work with:

Infants/Toddlers ___ Preschool/Pre-K ___

Kindergarten ___ Primary/ School Age ___ Families ___

Middle/Secondary ___ College Students ___ Other Adults ___

20. Race/Ethnicity: _____ 21. Gender: _____