



## Member Survey

*Please let us know how we are serving you by completing the below survey.  
We appreciate and value your feedback!*

Date: \_\_\_\_\_

	Expectations		
	<u>Exceeds</u>	<u>Meets</u>	<u>Below</u>
Are you greeted and made to feel welcome on a regular basis?	1	2	3
Is our staff friendly, professional & attentive to your needs?	1	2	3
Do we provide a clean, inviting environment?	1	2	3
Are our hours convenient for you?	1	2	3
Is the membership billing process efficient?	1	2	3
Does our fitness equipment serve your needs?	1	2	3
Are the Locker Rooms clean and convenient?	1	2	3
Is our Newsletter informative and worth reading?	1	2	3
Is our Website informative and easy to navigate?	1	2	3
Are monthly dues fairly priced for membership value?	1	2	3

**Please indicate if you have patronized or participated in the following:**  
(If so, please rate your experience and comment if you would like)

<b>Bistro</b>	Y / N	1	2	3
Comments:				
<b>Day Spa</b>	Y / N	1	2	3
Comments:				
<b>Group Fitness</b>	Y / N	1	2	3
Comments:				
<b>Aquatics</b>	Y / N	1	2	3
Comments:				
<b>Pro Shop</b>	Y / N	1	2	3
Comments:				
<b>Personal Training</b>	Y / N	1	2	3
Comments:				
<b>Kids Zone</b>	Y / N	1	2	3
Comments:				

What other programs have you participated in?

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How would you rate them? 1      2      3

What programs or services, not currently offered, would you like to see offered at Spiece?

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***Are you aware that we offer:***

- |                               |       |
|-------------------------------|-------|
| Sports Performance Training   | Y / N |
| Physician Referred Programs   | Y / N |
| Group Personal Training       | Y / N |
| Free Re-Assessments (90 days) | Y / N |
| Swim Lessons                  | Y / N |
| Ballroom Dance                | Y / N |
| Kids Camps                    | Y / N |
| Kids Night Out                | Y / N |
| Euchre Nights                 | Y / N |
| Member Comment Box            | Y / N |
| Lifeguard and CPR Courses     | Y / N |
| Birthday Parties              | Y / N |
| Corporate Wellness            | Y / N |
| Office Space                  | Y / N |
| Ability to charge on-account  | Y / N |
| Adult Basketball League       | Y / N |
| Member VIP rates in the Spa   | Y / N |
| Member Referral Incentives    | Y / N |

Did you receive a member handbook?      Y / N

Would you refer a friend or loved one to Spiece Fitness?      Y / N

Is there a Spiece Team Member you feel deserves recognition for exceptional service? \_\_\_\_\_

What do you like best about Spiece Fitness? \_\_\_\_\_

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What can we do to improve your experience? \_\_\_\_\_

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Please help us confirm your contact information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email \_\_\_\_\_

Please return this completed form via Front Desk, Comment Box, Fax or Mail.

**Thank you for helping us better serve you!**