STATE OF WEST VIRGINIA

OFFICE OF THE GOVERNOR

CHARLESTON, WV 25305

QUESTIONNAIRE FOR MEMBERSHIP IN ASSOCIATIONS

|  |  |  |  |  |  |  |  |
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|  | |  | Date Submitted: | |  | | |
| Spending Unit: |  | | |  | Account No. |  | |
|  | |  |  | | Account Name: | |  |

ALL QUESTIONS MUST BE ANSWERED IN FULL

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| 1. | Name of Association: |  |

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| 2. | If this is a NEW association, what are the annual dues? |  |

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| 3. | If an INCREASE in dues: Current Annual Dues? |  | Increased to |  |

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| 4. | What factors are used to determine amount of dues? | |  |
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| 5. | Do you anticipate any additional increase in dues for the next 3 years? |  |

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| 6. | List all other estimated costs (other than dues), such as registration fees, tuition, travel, association | | |
|  | meetings, conventions, etc. | |  |
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| 7. | What is the purpose of the association? | |  |
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| 8. | What tangible benefits will the State derive from this membership? | |  |
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| 9. | List specific individuals or groups in the State that will benefit from your participation in this | |
|  | association. |  |

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| 10. | What is the estimated number of staff members attending association meetings/conventions during | |
|  | any fiscal year and the estimated travel cost? |  |

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| 11. | Could one agency participate and submit a written report to other agencies involved? |  |

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| 12. | Will a written report be made to the spending unit by each attending staff member after association | |
|  | meeting attendance and will a copy of this report be available to the Governor? |  |

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| 13. | Do the association members receive any written material and is this material available to any other | |
| interested individual? |  |

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| **Signature of Department Head** |  | **President of West Liberty University** |