Nonrenewing Member Sample Letter and Survey
[Adapt for state/chapter use for never member CMAs (AAMA) and print onto state/chapter letterhead.]

[Date]

Dear Fellow CMA (AAMA),

I chair the Membership Committee for the [insert state or chapter name] and we are conducting a survey of all Certified Medical Assistants (AAMA) who are not current members of our organization, the American Association of Medical Assistants. As a state organization, we offer Continuing Education Units (CEUs) at our annual meeting each spring and an educational seminar in the fall. By attending both of these programs you can earn [enter amount of CEUs offered] CEUs that can be used for recertification of your CMA (AAMA) credential with the AAMA. These activities also offer an excellent way to meet and network with other professionals and establish new resources for help and information. [List any special events you might sponsor.]

We would like to know why you have chosen not to continue your participation in our organization or to take advantage of the CEU sessions we provide. Please take time to answer the following questions, as your input is very valuable to us.

Let us know what we could offer to interest you in joining organization. Please take a few minutes to answer the following questions as your input is very valuable to us.

1. Are you currently employed in the medical field as a CMA (AAMA)?  ☐ Yes  ☐ No
2. If not, what career path have you taken? ________________________________
3. Also, why did you choose to leave the field of medical assisting? _________________
   ______________________________________________________________________
4. If so, why have you chosen not to join our organization?
   ☐ Cost  ☐ Employer does not pay my dues  ☐ No tangible benefits
   ☐ Not necessary for employment  ☐ Not necessary to maintain certification
   ☐ Member of another organization  ☐ Not aware of state/chapter in the area
   ☐ Other ________________________________________________________________
5. Are you interested in receiving information about upcoming CEU sessions?  ☐ Yes  ☐ No
   If yes, provide e-mail address for notice: _________________________________
6. How can we assist you in your medical assisting career? __________________________
   ______________________________________________________________________

A self-addressed, postage-paid envelope has been included for your response. Results will be posted on our website at [insert website address, if any].

Thank you for your participation.

Sincerely,

[Membership Chair Name and Signature]