



## CLIENT QUESTIONNAIRE

Name of Director of Organization: \_\_\_\_\_

What is the Primary Purpose/Objective of your organization?

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How soon would you like to get started? \_\_\_\_\_

Can you provide the following information listed below now or later?

Name of Secretary: \_\_\_\_\_

Name of Treasurer: \_\_\_\_\_

What is the number of Directors the organization will have?: \_\_\_\_\_

Names of Directors:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. Do you need a website? \_\_\_\_\_