

**NEWPORT ART MUSEUM  
MEMBERS SURVEY – FALL 2009**

1. What excites you about the Newport Art Museum? (Check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Art classes   | <input type="checkbox"/> Guilds (Architectural Forum, Artists Guild, and Photographic Guild) |
| <input type="checkbox"/> Children's programs   | <input type="checkbox"/> Historical buildings  |
| <input type="checkbox"/> Community arts events (Wet Paint)   | <input type="checkbox"/> Members' Juried Show  |
| <input type="checkbox"/> Cultural programs (PM Picnics, Music in the Galleries, Winter Lecture Series) | <input type="checkbox"/> Permanent collection  |
| <input type="checkbox"/> Exhibitions   | <input type="checkbox"/> Summer Gala   |

2. What membership benefits are important to you? (Select three.)

- |   |   |
|---|---|
| <input type="checkbox"/> Unlimited free admission   | <input type="checkbox"/> Annual subscription to <i>Art Matters</i> Now newsletter |
| <input type="checkbox"/> Members' only events (exhibition openings and selected lectures) | <input type="checkbox"/> Day tours  |
| <input type="checkbox"/> Discount on arts classes and children's camps                    |   |

3. How long have you been a member?

- |   |   |
|---|---|
| <input type="checkbox"/> Less than one year | <input type="checkbox"/> Two to five years    |
| <input type="checkbox"/> One year           | <input type="checkbox"/> More than five years |

4. If you are a member, what type of membership do you have?

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Council            |
| <input type="checkbox"/> Household  | <input type="checkbox"/> Supporting Council |
| <input type="checkbox"/> Patron     | <input type="checkbox"/> I don't know       |
| <input type="checkbox"/> Supporting |   |

5. Have you or has any member of your household taken a class thorough the Newport Art Museum in the last year?  Yes  No You \_\_\_\_\_

Another family member (please identify) \_\_\_\_\_

If "yes", please identify which class(es) \_\_\_\_\_

6. Please indicate what days and times are most convenient for your class participation:

- |                                   |                                   |                                   |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Weekdays | <input type="checkbox"/> Mornings | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Evenings |                                   |                                   |
| <input type="checkbox"/> Saturday |                                   |                                   |

7. Length of class preference:

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> One hour  | <input type="checkbox"/> Three hours      |
| <input type="checkbox"/> Two hours | <input type="checkbox"/> One-day workshop |

8. What classes would you like to see offered?

- |  |  |
|--|--|
| <input type="checkbox"/> Acrylics            | <input type="checkbox"/> Photography                   |
| <input type="checkbox"/> Basket weaving      | <input type="checkbox"/> Print making                  |
| <input type="checkbox"/> Ceramics            | <input type="checkbox"/> Sculpture                     |
| <input type="checkbox"/> Collage             | <input type="checkbox"/> Watercolor                    |
| <input type="checkbox"/> Decorative painting | <input type="checkbox"/> Other (please identify) _____ |
| <input type="checkbox"/> Digital media       | _____  |
| <input type="checkbox"/> Drawing             | _____  |
| <input type="checkbox"/> Graphic design      |  |
| <input type="checkbox"/> Jewelry             |  |
| <input type="checkbox"/> Oil painting        |  |

9. What sources do you use to find out about entertainment and events in Newport?

- |  |   |
|--|---|
| <input type="checkbox"/> Family and friends  | <input type="checkbox"/> Social media (My Space, Facebook, Twitter) |
| <input type="checkbox"/> Newspapers/magazine | <input type="checkbox"/> Web  |
| <input type="checkbox"/> Radio               |   |

10. Are you a member or subscriber of any of these area cultural institutions? Please check all that apply.

- Newport Historical Society
- Newport Restoration Foundation
- Preservation Society
- Providence Art Club
- Redwood Library
- Rhode Island Historical Society
- Rhode Island Philharmonic
- RISD Museum
- Trinity Rep
- WCRI
- WRNI
- WSBE or WGBH

11. Are you male or female?  Male  Female

12. Your age:

- Under 18
- 18-24
- 25-34
- 35-54
- 55-64
- 65 or older

13. If you have children, their ages are:

- 5 or younger
- 6 to 11 years old
- 12 to 17 years old

14. Please describe your race or ethnicity:

- African American or Black
- Asian or Pacific Islander
- Mixed Race
- American Indian
- Hispanic or Latino
- White/Caucasian

15. Approximate total household annual income:

- Under \$50,000
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 or more
- Prefer not to answer

16. What is your zip code? \_\_\_\_\_

17. Have you ever volunteered at the Museum? Yes  No

18. Would you consider any of the following volunteer opportunities:

- Committee work
- Community art events
- Giving tours of the Museum
- Mailings
- Members receptions
- Musical programs
- Office help
- Winter Lecture Series

19. Do you currently receive our e-newsletter *Art Matters* and our e-calendar? Yes  No

If you do not receive these, would you like to? Yes  No

Would you prefer to receive the e-newsletter and e-calendar? Yes  No

I prefer printed versions only. Yes  No

20. If you have answered "Yes" to either Questions 18 or 19, please include your contact information below:

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

THANK YOU FOR YOUR HELP IN COMPLETING THIS SURVEY.

Additional comments: