Klarstig

# Hospitality Member Needs Questionnaire

Describe your needs and experience so the receiving team can understand priorities and plan the next step. Use examples where possible.

## Contact and reference

**Organization using this document**

**Your name or contact reference**

Optional. Leave blank if you do not want to identify yourself in this local draft.

**Email for a reply if needed**

## Information for this document

**How do you handle this today ***

**What is your most important need ***

**What makes this difficult ***

**What would a successful outcome look like ***

### How often does this arise

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Occasionally
- ☐ First time

### Which change would help most

## Specific details

### Membership interests or activities

Complete when relevant to this request.

### Benefits support or events that would be most useful

## Operating context

### Property department or booking reference

Complete when relevant to this request.

### Guest timing service areas capacity and practical arrangements

## Limitations and what needs setup

- Submitting the form records the answers in your workspace. It does not approve, schedule, charge or reply on its own unless you add that step to the workflow.
- Email notifications, approval routing, document generation and connections to other systems are available but not switched on until you configure them.

**Want help tailoring this form? Free, Starter and Pro include five personal setup sessions, up to 30 minutes each, per new organization.**

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