

Membership
Lessons from
the American
Society of
Anesthesiologists

BY MIKE NORBUT

Association experts will tell you: There are certain moments during the membership lifecycle when you can gain a new member, build long-standing loyalty or lose someone for life. Although these “tipping points” are not unique to any particular organization, their timing can vary dramatically from one to the next.

At the American Society of Anesthesiologists, those tipping points emerged during a two-year member recruitment and retention campaign. ASA, which has more than 48,000 members, set a goal of achieving a 3 percent increase in “active” members — practicing anesthesiologists — in each of the two years of the campaign. Instead of focusing on new products or special discounts to entice membership, the Society concentrated on developing a value statement that resonated with physicians in the specialty. ASA then tested messages and strategies with a variety of audiences, giving them a clear picture of what ideas worked well with certain audiences, as well as when the critical time was to deliver each message.

In an interview with *FORUM* magazine, ASA Membership Development Manager Rachel Rusch discusses how

touching an emotional chord brought former members back to ASA, how the same strategy had little impact on physicians who had never belonged to ASA and what the Society is doing to improve retention — especially among impressionable new members.

FORUM: How did you arrive at your value proposition, and how do you feel it has resonated with your members?

RUSCH: A crucial piece of any recruitment program is being able to motivate the individual to act after receiving a letter or email. You have about 10 seconds to make an impact or the individual’s attention has moved to something else. In summer 2010, staff from our marketing and membership teams gathered in a conference room and talked through the items we knew members already valued about ASA — items such as professional advocacy, clinical resources, education opportunities and practice information. These are tangible items, but after much discussion we realized we needed to craft a value proposition around the intangible benefits of membership. We wanted to start with the emotional appeal, because we

could always add tangible benefits later.

We talked about the personalities of our members, and the reality that it was not a professional requirement to be an ASA member. This is potentially a tough sell; we needed to focus on the community available through membership, and the fact that ASA members “give back” to younger physicians with their years of experience and expertise. To be a respected health care professional, one needs to be passionate about his or her job. Through this, we created the tagline “ASA: Your passion is our specialty.”

Over the last four months of 2010, more than 1,000 former members returned to ASA, so it would seem that the emotional “tug” worked to our advantage. That success continued in 2011, as we saw membership grow by 1,187 active members, or 4 percent. Of course, there are other factors involved: the ease of returning as a member, the financial benefit of membership (member discounts on products and services) and timing. All told, 2010 was a successful test year, and we applied those experiences to make 2011 another strong year for membership.

FORUM: Why have former members proven to be such an important target audience, and what messages have worked to convince them to return to ASA?

RUSCH: Often, our relationship with former members dissolves for simple reasons: The member moves and we do not have a forwarding address, the member changes jobs and gets a new email address, or the member is working through the challenges of balancing work and family life and ASA is not top of mind. Former members are vital to our organization not only because we



pay close attention to our market penetration, but because they had a reason to join in the past. If they found value in ASA once, maybe they will find value in the Society again.

With that in mind, it becomes the organization's responsibility to relocate that "missing" member, politely say, "We'd love to have you back," and make that return easy. ASA requires all active members to belong to both the national [ASA organization] and their state society, and historically this was rather difficult. Knowing re-joining came with hassles, ASA has worked to make the process easier for the member. We do the work for them and present it as "hassle-free." The new process of re-joining has seemed to work, and we continue to fine-tune the process as necessary.

In 2010 and 2011, we focused on a few messages: the emotional appeal ("Come back to ASA: Your passion is our specialty"); the financial appeal ("ASA membership saves you money") and the political appeal ("Every mem-

ber counts"). In 2011, we introduced the clinical appeal ("Return to ASA: Your source for essential clinical resources"). For each message, we used a variety of channels of communication, and each audience received a mix of messages.

Our best results came from the emotional and financial appeals with former members. Tugging on the hearts and the wallets proved to be successful.

FORUM: Have the same strategies worked with "never" members? What have you learned from your experiences with this audience?

RUSCH: In 2010, we executed three recruitment projects with "never" members: Two were aimed at physicians whose names were on a list purchased from a reliable third party, and one was aimed at "never" members who attended our most recent annual meeting. We used the same messages that we directed toward former members, but all three projects proved to be our

least successful. Last year, knowing our appeals to “never” members did not grant us nearly the same return, we focused our efforts solely on former ASA members.

We don’t have enough information to understand fully why this occurred, but we have our guesses: The “never” members are just not “joiners” and prefer to stay away from professional organizations, they don’t see the value in ASA membership (financial or otherwise) or they don’t know enough about ASA to care.


While we won’t give up on our attempts to contact “never” members, we now think it’s crucial to educate this segment about the ongoing activities of ASA, including our advocacy efforts, medical education, thought leadership and improvement of patient care. Education may create interest, and interest may create involvement. We can ask for membership after we have raised their level of awareness.

FORUM: Retention is a crucial issue in this economy. What have you done to maintain a strong renewal rate?

RUSCH: While ASA is a professional society with a long history of good member retention, we are competing in an environment with other societies and for-profit companies vying for our members’ attention. Our challenge is being able to reach out on a more personal basis to let members know what products and services are available to meet their needs, and not rely on the member to “figure it out” through a maze of services and products.

For example, our previous new member kit was not focused. Working with our marketing team, we designed a member kit that has purpose for the new member. It now has the ASA “look” and contains only the items key to a new member: a member certificate, a re-branded piece on our education opportunities, PAC information and a “how-to” piece on taking advantage of ASA membership.

Additionally, engaging and stimulating members to not only continue their memberships, but also actively participate in the Society, was one of the reasons our website now contains an area called myASA, an online community where members can connect, participate in discussion forums and conduct committee work.

We also have gone to great lengths to improve our relationship with the state societies, as past surveys indicated a prime reason for membership attrition among those who choose to drop is the requirement to pay state dues under our existing federated model. According to survey data, members who found their state association to be “very valuable” are more likely to find ASA relevant and more likely to renew their membership year after year. 

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