

Get cash for your opinions

Please fill out the form below and mail it to:

Opinion Search
21800 Melrose, Suite 12
Southfield, MI 48075

Before a product or service becomes available to the public, the company offering it usually tests it extensively with potential consumers. These tests may take the form of individual interviews, in-depth discussion in small groups or actual product testing. These tests are executed by market research companies such as Opinion Search. They may last anywhere from 30 minutes to 2 hours or more, depending on the topic and the client's needs.

For over 30 years, we have been inviting people such as you to participate in these studies and get paid to do so. The amount you are paid for each study varies, also depending upon length, but a typical example would be a two-hour focus group (with 8-10 other people like yourself), which might pay \$50 or more. You are paid the day you do the study. Many thousands of people over the years have found these studies to be interesting and enjoyable.

If you would like to participate in such studies from time to time, please fill out the information below.

Please be assured that all your information will remain completely confidential. We do not rent, sell or give your name or other information to anyone. If you would prefer to give us this information by mail, just fill in your name and address below and we will send you a form to fill out. Otherwise, by simply filling in the information below, you will automatically be entered as a potential respondent for future studies. Thank you!

Please complete the following to participate in future market research studies.

Today's date: _____, 20____

Your last name _____ First name _____

E-mail Address _____

Home phone _____ Work phone _____

Address _____

City _____ State _____ ZIP _____

Birth date (date, month, year) _____ / _____ / _____

Occupation _____ Industry _____

Marital status: Married Single Divorced Separated Widowed

Gender: Male Female

Ethnic background: Caucasian African American Hispanic Asian
 Other (specify) _____

Education: Some high school High school grad Trade school
 Some college College grad Post-grad

Home: Own Rent Live with parents Other _____

Household income before taxes: Under \$25,000 \$25-50,000 \$50-75,000
 \$75-100,000 \$100,000+

Your height _____ your weight _____

List gender and birth date of all children under 18 years old living in your household:

Gender _____ Birth date ____ / ____ / ____
 Gender _____ Birth date ____ / ____ / ____
 Gender _____ Birth date ____ / ____ / ____
 Gender _____ Birth date ____ / ____ / ____
 Gender _____ Birth date ____ / ____ / ____

Vehicle you drive: Year _____ Make (mfr) _____ Model _____

MUSIC STATIONS

Please check below up to five stations you listen to in a typical day; then check one that is your favorite. You may do the same for your spouse if he/she also wishes to be in the data base.

YOU			SPOUSE	
Listen to (maximum 5)	Favorite (only 1)		Listen to (maximum 5)	Favorite (only 1)
<input type="checkbox"/>	<input type="checkbox"/>	88.7 CIMX	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	89.9 CBC	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	90.5 WKAR	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	92.3 WMXD	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	93.1 WDRQ	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	93.9 CIDR	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	94.7 WCSX	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	95.5 WKQI	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	96.3 WDVD	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	97.9 WJLB	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	98.7 WVMV	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	99.5 WYCD	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	100.3 WNIC	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	101.1 WRIF	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	101.5 WRVF	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	102.7 WHTD	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	102.9 WWWW	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	104.3 WOMC	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	105.1 WMGC	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	105.9 WDMK	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	106.7 WDTW	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	107.5 WGPR	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	1200 WCHB	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	580 CKWW	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	1340 WEXL	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	1440 WMKM	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Satellite	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Other (write-in) _____	<input type="checkbox"/>	<input type="checkbox"/>

TALK STATIONS

Please check below up to five stations you listen to in a typical day; then check one that is your favorite. You may do the same for your spouse if he/she also wishes to be in the data base.

YOU			SPOUSE	
Listen to (maximum 5)	Favorite (only 1)		Listen to (maximum 5)	Favorite (only 1)
<input type="checkbox"/>	<input type="checkbox"/>	89.1 WEMU	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	91.7 WUOM	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	97.1 WKRK	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	101.9 WDET	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	103.5 WМУZ	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	760 WJR	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	800 CKWW	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	950 WWJ	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	1270 WXYT	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	1310 WDTW	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	1400 WDTK	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Satellite	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Other (write-in) _____	<input type="checkbox"/>	<input type="checkbox"/>

Generally speaking, what is your voting party affiliation? Democratic Republican Libertarian
 Green Reform Independent (No Party Affiliation) Other Party _____

MEDICAL CONDITION

From time to time, we have projects for which we need to find people with specific medical conditions. Please tell us if anyone in your household has any medical conditions such as allergies, diabetes, MS, high blood pressure, and others.

Please list any medical conditions that you or your family has.
 (e.g., diabetes, lupus, MS, migraines, etc.?) (Up to 6)

Type of Condition:	Family Relation:
_____	_____
_____	_____
_____	_____
_____	_____

Fill out the following information only if your spouse would also like to participate:

Spouse's name _____
 Spouse's birth date ____ / ____ / ____
 Spouse's occupation _____ Industry _____
 Spouse's height _____ Spouse's weight _____
 Spouse's vehicle: Year _____ Make (mfr) _____ Model _____
 Spouse's Education: Some high school ___ High school grad ___ Trade school ___
 Some college ___ College grad ___ Post-grad ___
 Spouse's Ethnic background: Caucasian African American Hispanic Asian
 Other (specify) _____

Generally speaking, what is your voting party affiliation? Democratic Republican Libertarian
 Green Reform Independent (No Party Affiliation) Other Party _____