## Resident's Survey Form

Please take a few minutes to completely fill out both sides of this survey and return it with your payment. Subsequent correspondence from the Association will reflect the information you provide. The SCHA Board of Trustees welcomes your feedback. Your information and answers will be kept confidential. Your answers will help the Board address Members' concerns and meet the needs of our community.
Thank you for your participation.

## Association Member I nformation

Please provide the following information as you would like it reflected in future correspondence:

| First Name: <br> First Name: |  | Last Name: |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Last Name: <br> Last Name: |  |  |  |
| First Name: |  |  |  |  |  |
| Address: |  |  |  |  |  |
| City: <br> Telephone: | Turnersville | State: | NJ | ZIP Code: | 08012-2885 |
|  |  |  |  |  |  |
| Email addres |  |  |  |  |  |

## General Questions

If available would you be interested in participating in any of the following:

| O | O | O | O | O | $O$ |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Community | Block | Babysitting | Car | Halloween | $4^{\text {th }}$ of July |
| Yard Sale | Party | Co-Op | Pools | Parade | Bike |
|  |  |  |  |  | Parade |

Do you have access to the internet?


Would you like to receive Assoc. news via email?

| O | O |
| :---: | :---: |
| Yes | No |

Will you attend an Association Meeting if they are held at a more convenient location?

| O | O |
| :---: | :---: |
| Yes | No |



Would you like to be included in a resident's directory that will list your name, address and phone numbers?

| O | O |
| :---: | :---: |
| Yes | No |

Would you like to receive a resident's directory with names, addresses and phone numbers?

| O | O |
| :---: | :---: |
| Yes | No |

Have you visited our website www.sawyerscreek.org?

| O | O |
| :---: | :---: |
| Yes | No |

In order to plan age appropriate activities, the Board would like to know the age groups of the Association Members children. Please complete the following:

Number of children $\qquad$

## Age of each child

$\qquad$
Examples ( 2 children-ages 7 and 10) or ( 3 children-ages 6 (twins) and 9)

## Additional Feedback

Please share your comments about the community:
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$




Thank you for your time and input.

