



February 2005

## 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 Information

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: **Turnersville** State: **NJ** ZIP Code: **08012-2885**

Telephone: \_\_\_\_\_

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

### General Questions

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

- |                        |                       |                       |                       |                       |   |
|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|
| <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                     |
| Community<br>Yard Sale | Block<br>Party        | Babysitting<br>Co-Op  | Car<br>Pools          | Halloween<br>Parade   | 4 <sup>th</sup> of July<br>Bike<br>Parade |

Do you have access to the internet?

- Yes       No

Would you like to receive Assoc. news via email?

- Yes       No

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

- Yes       No

