

"Getting to Know You" Questionnaire to Kanjini Co-Op Potential Members and Supporters
Please copy this questionnaire to an email, fill it out and send to kanjini@aapt.net.au

Your Full Name: _____

Where are you currently living?

Country: _____

State: _____ **Post Code:** _____

Town / City: _____

Are you male or female? Male Female

What is your age? _____

Are you single or partnered? Single Partnered

Do you have any children? Yes No

If yes how many and how old are they? _____

What skills and trades would you wish to share with Kanjini Co-op?*

Do you have any previous experience of cooperative or communal living? Yes No

If yes please briefly describe?* _____

How do you envision being a part of community life at Kanjini Co-Op?*

Is your potential membership for Full OR Introductory Membership? Full Introductory

In what time frame do you envisage to become a Member?

Ready now 1-5 month 6-12 month 1 year or later

Are you interested in Project Targeted Investment Shares? Yes No

If yes please briefly describe the project, its likely total cost and how much you offer.*

Could you help to manifest the vision by Non-specific Investment Shares? Yes No

If yes how many? _____

Do you see yourself being a resident on Kanjini Co-Op land? Yes No

If so when? Ready now 1-12 month 1-3 years 4 years or later

Do your envisage /plan to be a full year resident, part-time or a visiting member?

full year resident part-time resident a visiting member

Where did you hear about Kanjini Co-Op?: _____

Any further comments: _____

** if space is insufficient, please feel free to attach a sheet of paper with more information*