



## Bay State Commons Associate Membership Application

Date: \_\_\_\_\_

Name(s): \_\_\_\_\_

Number in Household: \_\_\_\_\_

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

Contact Information:

Phone \_\_\_\_\_

Email \_\_\_\_\_

1. Survey on background and interest in co-housing

a. When did you first hear about cohousing?

b. What are the three things you value most in a potential co-housing community?

b.i. \_\_\_\_\_

b.ii. \_\_\_\_\_

b.iii. \_\_\_\_\_

c. What are your favorite aspects of co-housing?

c.i. \_\_\_\_\_

c.ii. \_\_\_\_\_

c.iii. \_\_\_\_\_

d. What makes you think co-housing is right for you?

d.i. \_\_\_\_\_

e. On a scale of 1-10, with 1 being small/low preference and 10 being large/high preference where would you rate your preferences for the items below:

small/low ----- large/high

	1	2	3	4	5	6	7	8	9	10
Private space										
Community space										
Green space										
Access to Boston via car										
Access to Boston via public transit										
Ability to modify your living space										
Using living space for rental / business										

2. I have read *The Cohousing Handbook*, by Chris and Kelly ScottHanson:

a. Y\_\_ N\_\_

3. I have met with representatives of at least two Equity Member households to discuss their background and interest in co-housing:

a. Representative 1 name: \_\_\_\_\_ meeting date: \_\_\_\_\_

b. Representative 2 name: \_\_\_\_\_ meeting date: \_\_\_\_\_

4. I am prepared to make a non-refundable contribution of \$250 and abide by the requirements of Associate Membership.

a. Y\_\_N\_\_

**Please return completed application to:**

Becca Goldstein - baystatecommons@gmail.com

or

Jim Bradley - 55 Park Street, Charlestown, MA 02129