

APPENDIX D – Community Financial Services Need

Potential Member Survey

Somali mothers of Mending a Crack in the Sky (MCIS) are considering the sponsorship of a Somali Credit Union in the city of Toronto. The Credit Union will be a financial institution using the co-operative business model. Consistent with co-operative principles, it will be owned members and governed by a volunteer Board of Directors that is democratically elected by members.

The purpose of this survey is to gauge your willingness, support level and motivation to become a member of the proposed Somali Credit Union, financial co-operative. Analysis of your responses will assist in determining the feasibility of the proposed Somali Credit Union and ensure that your financial services needs can be met and exceeded.

Directions: *The survey should take approximately 10-12 minutes to complete. Upon completion, please submit your survey by filling it up online on our website www.midaynta.com, via email to info@midaynta.com or mail to 2150 Islington Ave, Suite 207, Toronto, ON M9V3V4.*

Please note that your participation is strictly voluntary, and you are free to withdraw at any time.

1. Would you become a member of Somali credit union?

Yes No

2. Are you willing to volunteer your service to assist in getting it started?

Yes No

If YES, kindly indicate your area of expertise and how many hours you are willing to devote to this project.

If NO, why not?

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3. Would you be willing to serve as a member of the Board of Directors or any other committee of the Credit Union? If YES, please indicate your preference.

- Board of Directors
- Advisory Committee
- Credit and Finance Committee
- Education and Outreach Committee
- Membership Committee

4. Please indicate the type of services you would like this credit union to offer. Rank these services using the following ranking scale:

1 Very Important 2 Important 3 Somewhat Important 4 Not Important

Please place **only one** number(rank) for each service

- Checking Accounts:
- Savings Accounts:
- Debit Cards:
- Retirement Accounts (RSP / RRSP):
- Secured Loans (including auto loans, home equity loans and lines of credit, and mortgages)
- Unsecured Loans (including credit cards, personal loans and lines of credit, and student loans)
- Investment Products (GIC, Mutual Funds..etc)
- Tax-Free Savings Account (TFSA)
- Online Banking
- Mobile Banking

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5. Are there any other services you would like the credit union to offer? Please list.

6. Which of the above services would you be willing to transfer from your existing financial institution to the proposed new credit union?

7. How much money are you willing to invest in membership shares in this credit union?

- \$250
- \$500
- \$1000
- Greater than \$1000

8. How often are you willing to invest?

- Daily
- Weekly
- Monthly
- Yearly

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9. Which of the following factors are important to you in deciding whether to join the proposed credit union? Tick as many as applicable:

Convenient Location	<input type="checkbox"/>	Community Development	<input type="checkbox"/>
Evening/Weekend Hours	<input type="checkbox"/>	Sense of Ownership	<input type="checkbox"/>
Competitive Interest Rates	<input type="checkbox"/>	ATM Network Access	<input type="checkbox"/>
Member Service	<input type="checkbox"/>	Lower Fees	<input type="checkbox"/>

10. Which of the following locations would you prefer as the site for the proposed new credit union?

Toronto West

Toronto East

Toronto Downtown

In responding to Question 11, please refer to the following list of Communities (Priority Areas)

11. Do you live in Ontario? Yes No

If **YES**, please answer the following:

do you live and work in Ontario? _____

Please list the financial institutions available to you in your community

If **NO**, please answer the following:

In what Province /Country do you live/work? _____

Please list the financial institutions available to you in the community in which you live?

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12. Is there anything else you wish to tell us or suggest regarding the proposed Credit Union?

END OF SURVEY

We appreciate your taking the time to complete this survey

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CONTACT INFORMATION

Frist Name	
Last Name	
Organization/Business Name:	
Cell Phone	
Business Number	
E-mail	
Address	