

CCMD HOMEOWNERS' ASSOCIATION, INC.
Board of Directors Application Form

Name: _____ Subdivision: _____

Year of Residency: _____ Telephone: _____

Email address: _____

PERSONAL INFORMATION

1. Residency (check one) Full time Part time

2. Availability (check one) Employed Retired

How much time can you devote to Association business?

3. List current/past Association management experience (include year(s) of service):

4. List relevant previous experience:

5. List other civil, special interest committee or group experience:

ASSOCIATION ISSUES

6. I want to be a member of the Board of Directors because:

7. I feel I would make an effective Board member because:

8. I would like to see the Board of Directors resolve the following issues:

I acknowledge that I intend to run for a seat on the Board of Directors and that I will accept those responsibilities as described in the Bylaws if elected.

Signed: _____ Date: _____

Please return this form to Property Manager Don Martin or Nominating Committee
Chairperson Sabra Schlagetter