



WOODLYNNE COMMUNITY ASSOCIATION

COMMITTEE CANDIDATE FORM

NAME: _____

ADDRESS: _____

PHONE: _____ E-MAIL ADDRESS: _____

Do you currently serve on a WoodLynne CA Committee: Y/N _____

If yes, which Committee: _____

Have you ever been involved in a Homeowners Association or community organization? Y/N please explain.

WHAT BACKGROUND OR EXPERIENCE DO YOU HAVE WHICH MAY QUALIFY YOU FOR A POSITION AS A MEMBER OF THE COMMITTEE OF YOUR CHOICE? (JOBS, ORGANIZATIONS, ETC.)

WHAT ARE YOUR REASONS FOR SEEKING A POSITION ON A COMMITTEE? (I.E. GOALS, IDEAS)

OTHER IDEAS OR COMMENTS:

Signature (Required)

Date

Return the completed form to Ashley Gonzalez at a.gonzalez@cardinalmanagementgroup.com. All committee appointments require approval of the Board of Directors.