Association Name Address

Candidate Application

Please place my name on the nominating ballot for the Board of Directors. By signing below, I certify that I qualify to be a board member pursuant to the Association's governing documents.

| Name | | |
|--|--|-----------------------------|
| Property Address | | |
| Email | | |
| Primary Telephone | | |
| This form must be rece 2018. | ceived by the Association (via email, fax, US mail or online) on or befor | e January 1, |
| from your service on t | r less informational biography about yourself and why the Community the board (previous experience, etc.). The information you provide be to the candidate biography that will be provided to the Members. | will benefit low will be |
| | ne discretion to ask a candidate to resubmit their biography if defamat to other persons within the Association. | :ory |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Candidates, it is reque placement on the ballo | ested that you follow-up with a phone call or email to the manager to lot. | confirm |
| Signature | | |