Shadowbend Homeowners Historiation, Inc.

Board of Directors Candidate Questionnaire

Name:	Address:	
Phone:	Email:	
Please tell us about yours	self: Include business, spouse, children, hobbies etc.	
Please write past experience committees listed above.	nces/work that qualifies you for a position to serve on any o	of the
Do you have any commitment, other meeting	ments that will restrict you from serving on any committegs)?	e (Travel,
responsibilities as described in	gning below, I acknowledge that if elected to the Board of Directors I at the Governing Documents of the Association. as State Law, I will be unable to serve on the ACC committee if I, or a on the Board of Directors.	•
Sign and date		

Legacy Southwest Property Management, LP 8668 John Hickman Pkwy., Suite 801 Frisco, TX 75034 214-705-1615 option 10

Please return this form via email Lynn@legacysouthwestpm.com by no later than 10/14/2024