

Shadowbend Homeowners Association, Inc.

CANDIDATE APPLICATION

Name: _____

Property Address: _____

Phone: _____

1) Community Association Experience:

2) My goals for the community during my tenure are:

3) I have been a Homeowner at Shadowbend Homeowners Association, Inc. since _____ and currently reside at the property address _____ or live off site at: _____.

Circle the committees you may be interested in:

Architectural

Landscape

Neighborhood Safety

Social

Board of Directors

Signature

Date

Print Name

Address

I understand for an available position on the Shadowbend Homeowners Association, Inc. Board of Directors, candidates receiving the greatest number of votes will be elected to the Board of Directors. If I am elected to the Board of Directors I **MUST** apply for my FINcen number and submit it to management within 7 days.

I believe I can contribute to the business aspects of the Association and represent all the Association members on the Board. I understand that the Board of Directors is charged with the responsibility to govern the affairs of the Association according to the governing documents, and I fully understand these documents, and will not be in personal violation of any part of them. I understand that the Board of Directors must make its decisions based on what is in the best interest of the entire community, not the interest of any individual lot owner or group of lot owners.

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