



ADVISORY BOARD MEMBER CANDIDATE APPLICATION FORM

Complete & return to stephanie@dev-services.com

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

Please tell us about your background or experiences that would make you a good Advisory Board Member.

Please list goals or objectives you would like to achieve if you were to be on the Advisory Board.

If I am chosen for the Advisory Board, I affirm that I will uphold and fulfill all duties and responsibilities as established and set forth in the Bylaws, and the Declaration of Covenants, Restrictions, and Easements for our subdivision.

Signature: _____ Date: _____