



COMMITTEE / TASK FORCE MEMBER APPLICATION FORM

OFFICE
DATE
STAMP:

MEMBER IN GOOD STANDING VALIDATION
AUTHORIZED STAFF INITIALS: _____

Homeowners desiring to become a member of a Board-appointed committee/task force and current committee members applying for an additional term are required to complete a Committee Member Application Form and submit it to the CWPV HOA Administrative Services Manager.

NOTICE: DUE TO POTENTIAL CONFLICT OF INTEREST, A CLUB EXECUTIVE OFFICER MAY NOT SERVE ON THE APPLICABLE COMMITTEE THAT REPRESENTS THE RESPECTIVE CLUB'S AMENITY PER BP 10-01 IV.C.3.

TO ASSIST THE COMMITTEE CHAIRS AND THE BOARD IN THE SELECTION PROCESS, PLEASE PROVIDE THE FOLLOWING INFORMATION.

PLEASE MAIL, FAX OR DROP OFF COMPLETED APPLICATION:

Cottonwood Palo Verde at Sun Lakes Homeowners Association • 25219 S EJ Robson Blvd. Sun Lakes, AZ 85248.
Fax (480) 895-3802 • Phone (480) 895-3550

I would like to serve on the following committee(s) /task force. I understand that in order to be considered I must be a member in good standing and can be appointed to no more than two (2) committees. I will gladly serve on any committee to which I have indicated an interest.

PLEASE CHECK THE BOX NEXT TO THE COMMITTEE OF INTEREST. IF MORE THAN ONE, INDICATE BY NUMBER INSIDE THE BOX, YOUR 1ST, 2ND, ETC. CHOICE.

<input type="checkbox"/> Architectural Compliance	<input type="checkbox"/> Election	<input type="checkbox"/> Golf	<input type="checkbox"/> Task Force - <i>INCLUDE TASK FORCE NAME BELOW</i>
<input type="checkbox"/> Audit & Finance	<input type="checkbox"/> Facilities & Grounds	<input type="checkbox"/> Recreation	_____
<input type="checkbox"/> Communications	<input type="checkbox"/> Food & Beverage	<input type="checkbox"/> Safety & Security	

(PLEASE PRINT)

Name _____ Contact Phone # _____

Address _____ Unit # _____ Lot # _____

Email address _____ # of Years as a SLHOA #2 member _____

Indicate the Number of months per year that you live at your SLHOA#2 residence _____

(CHECK ONE) YEAR-ROUND PART-TIME RESIDENT

Are you **CURRENTLY** serving on a SLHOA #2 Committee or Task Force? YES NO

Name of Committee(s) or Task Force(s) _____ How Long? _____

Have you **PREVIOUSLY** served on a SLHOA #2 Committee or Task Force? YES NO

Name of Committee(s) or Task Force(s) _____

Reason for no longer serving _____

What talent, skill sets or experiences do you have that would benefit the committee on which you would like to serve? _____

Why would you like to serve on this committee? _____

ATTACH ANY ADDITIONAL INFORMATION TO THIS FORM - DO NOT WRITE ON REVERSE SIDE