

TOWN OAKS ASSOCIATION

BOARD OF DIRECTORS CANDIDATE PROFILE SHEET

UNIT
NAME: _____ ADDRESS: _____ PHONE: _____

1. Why do you feel you would make an effective Board Member? _____

2. What issues would you like to see the Board of Directors resolve during your term? _____

3. Association Involvement: _____

4. Other Professional, Civic, or special interest committee or group involvement: _____

5. Any other information you wish to provide: _____

I acknowledge that I have been informed of my nomination for membership on the Board of Directors and that I will accept those responsibilities as assigned by the President and described in the Bylaws, if elected.

SIGNED: _____ DATE: _____