**(Insert Name) HOA**

**(Insert Committee Name) Committee**

Member Application

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Phone: |  |
| Have you served on a Committee for an HOA? |  |
| If yes, how many months/years? |  |
| Tell us why you would like to serve as a Committee member. |  |
| Work Experience |  |
| Special Skills |  |

**Recommendations for applicants**

* Each Committee member should have a basic understanding of the CC&Rs and Bylaws of the Associations.
* Each Committee member is current on HOA assessment fees and should have no outstanding violations.
* Members should be able to dedicate (**Insert expected hours**) per month.

Applicant Signature Date