Board Member Candidate Questionnaire

| Please fill out this profile form if you are interested in running for the Board of Directors | |
|---|--|
| Homeowner Name: | Daytime Phone Number: |
| Property Address: | Evening Phone Number: |
| Please tell us about yourself: (spouse, kids, hobbies / ir | nterest, etc.) |
| | |
| Please write past experiences / work that qualifies you | for a position of the Board of Directors: |
| | |
| What would you like to do for the association? | |
| | |
| Do you have any commitments that will restrict you from ser Meetings): | rving on the Board of Director? (Travel, Employment, other |
| Signed: Date: | |

Please email to:

michelle@legacysouthwestpm.com