

OCEAN PINES ASSOCIATION
COMMITTEE APPLICATION

1. Name of prospective committee member _____

2. Address & E-Mail _____

3. Telephone No. _____

Daytime and Evening

4. Committee in which you would like to be involved:

_____ Aquatics	Re-appointment _____
_____ Architectural Review	Re-appointment _____
_____ Budget and Finance	Re-appointment _____
_____ By-laws	Re-appointment _____
_____ Clubs	Re-appointment _____
_____ Elections	Re-appointment _____
_____ Environment & Natural Assets	Re-appointment _____
_____ Recreation & Parks	Re-appointment _____
_____ Communications & Technology	Re-appointment _____
_____ Comprehensive Plan	Re-appointment _____
_____ Nominating	Re-appointment _____
_____ Marine Activity	Re-appointment _____
_____ Tennis	Re-appointment _____
_____ Other _____	

5. Why do you want to be on this committee?

6. What knowledge/input can you offer to this committee?

Signature & Date

1st Endorsement From Advisory Committee Chairperson:
Comment: _____

Signature & Date

2nd Endorsement From Board Liaison to Committee:
Comment: _____

Signature & Date

Openings on this Advisory Committee as of: _____ Initials: _____

President's action: _____ Board consent on: _____