

OCEAN PINES ASSOCIATION

ADVISORY COMMITTEE APPLICATION

1. Name of Applicant: _____

2. Address: _____

3. Email: _____

4. Telephone: _____ Property Owner for _____ (years)

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

- | | |
|-------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Aquatics | Re-Appointment <input type="checkbox"/> |
| <input type="checkbox"/> Architectural Review | Re-Appointment <input type="checkbox"/> |
| <input type="checkbox"/> Budget & Finance | Re-Appointment <input type="checkbox"/> |
| <input type="checkbox"/> By-Laws & Resolutions | Re-Appointment <input type="checkbox"/> |
| <input type="checkbox"/> Clubs | Re-Appointment <input type="checkbox"/> |
| <input type="checkbox"/> Communications | Re-Appointment <input type="checkbox"/> |
| <input type="checkbox"/> Elections | Re-Appointment <input type="checkbox"/> |
| <input type="checkbox"/> Environment & Natural Assets | Re-Appointment <input type="checkbox"/> |
| <input type="checkbox"/> Golf | Re-Appointment <input type="checkbox"/> |
| <input type="checkbox"/> Marine Activities | Re-Appointment <input type="checkbox"/> |
| <input type="checkbox"/> Racquet Sports | Re-Appointment <input type="checkbox"/> |
| <input type="checkbox"/> Recreation & Parks | Re-Appointment <input type="checkbox"/> |
| <input type="checkbox"/> Search | Re-Appointment <input type="checkbox"/> |
| <input type="checkbox"/> Strategic planning | Re-Appointment <input type="checkbox"/> |
| <input type="checkbox"/> Other _____ | Re-Appointment <input type="checkbox"/> |

Potential Term: 1st 2nd 3rd ~ Term will expire: _____

6. Why do you want to be on this Committee? _____

7. What knowledge/input can you offer to this Committee? _____

Signature _____

Date _____

1st Endorsement from Committee Chairperson:

Comment: _____

Signature _____

Date _____

2nd Endorsement from Board Liaison to Committee:

Comment: _____

Signature _____

Date _____

Board Action: _____ Date: _____

President's Signature _____

Date _____