

OCEAN PINES ASSOCIATION ADVISORY COMMITTEE APPLICATION

1. Name of Applicant: Timothy McMullen

2. Address: 174 Nottingham Ln Bergen 21811

3. Email: MAC122147@HOTMAIL.COM

4. Telephone: 443-827-2091 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"/> Elections	Re-Appointment	<input type="checkbox"/>
<input type="checkbox"/> Environment & Natural Assets	Re-Appointment	<input type="checkbox"/>
<input checked="" type="checkbox"/> Recreation & Parks	Re-Appointment	<input checked="" type="checkbox"/>
<input type="checkbox"/> Communications	Re-Appointment	<input type="checkbox"/>
<input type="checkbox"/> Comprehensive Plan	Re-Appointment	<input type="checkbox"/>
<input type="checkbox"/> Search	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"/> Other _____	Re-Appointment	<input type="checkbox"/>

Term: 1st (2nd) 3rd ~ Term will expire: 4/24/18

6. Why do you want to be on this Committee? Recreation and PARKS
are key components of our community. The services from the
Recreation Department contributed to the overall success of the Pines.

7. What knowledge/input can you offer to this Committee? As a former
educator, Recreation Summer Director in the Pines and Athletic
Director, my previous experiences are valuable to our committee

Signature Tim McMullen Date 3/25/2016

1st Endorsement from Committee Chairperson:

Comment: _____

Signature Timothy McMullen Date 4/1/2016

2nd Endorsement from Board Liaison to Committee:

Comment: _____

Signature Cheryl Jacobs Date 4-5-16

Board Action: _____ Date: _____

President's Signature _____ Date _____

OCEAN PINES ASSOCIATION ADVISORY COMMITTEE APPLICATION

1. Name of Applicant: Bernie Flax

2. Address: 37 Wood Duck Drive Ocean Pines MD

3. Email: bernie@bernieflax.com

4. Telephone: 410-629-9070 Property Owner for 13 (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"/> Elections	Re-Appointment	<input type="checkbox"/>
<input type="checkbox"/> Environment & Natural Assets	Re-Appointment	<input type="checkbox"/>
<input type="checkbox"/> Recreation & Parks	Re-Appointment	<input type="checkbox"/>
<input checked="" type="checkbox"/> Communications	Re-Appointment	<input checked="" type="checkbox"/>
<input type="checkbox"/> Comprehensive Plan	Re-Appointment	<input type="checkbox"/>
<input type="checkbox"/> Search	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"/> Other _____	Re-Appointment	<input type="checkbox"/>

Term: 1st (2nd) 3rd ~ Term will expire: 4/24/18

6. Why do you want to be on this Committee? continue to support effort

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

Signature Bernie Flax Date 3/9/16

1st Endorsement from Committee Chairperson:
Comment: _____

Signature Jennifer Cropper-Rines Date 03/14/2016

dotloop verified
03/14/16 9:48AM EDT
FWRU-SPG7-LDAO-WDCK

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

Signature Cheryl Jacobs Date 3-24-16

Board Action: _____ Date: _____

_____ Date _____

**OCEAN PINES ASSOCIATION
ADVISORY COMMITTEE APPLICATION**

1. Name of Applicant: William W. Neville

2. Address: 24 Links Lane

3. Email: ocmdplan@gmail.com

4. Telephone: 443.669.0952 Property Owner for 1 (years)
6 yrs at other address

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"/> Elections	Re-Appointment	<input type="checkbox"/>
<input type="checkbox"/> Environment & Natural Assets	Re-Appointment	<input type="checkbox"/>
<input type="checkbox"/> Recreation & Parks	Re-Appointment	<input type="checkbox"/>
<input type="checkbox"/> Communications	Re-Appointment	<input type="checkbox"/>
<input checked="" type="checkbox"/> Comprehensive Plan	Re-Appointment	<input type="checkbox"/>
<input type="checkbox"/> Search	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"/> Other _____	Re-Appointment	<input type="checkbox"/>

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

6. Why do you want to be on this Committee? personal and professional interest, willing to help my community

7. What knowledge/input can you offer to this Committee? 35 years experience as land use planner, current Director of Planning in Ocean City

W W Neville Signature 4/14/16 Date

1st Endorsement from Committee Chairperson:

Comment: _____

[Signature] Signature 4/14/16 Date

2nd Endorsement from Board Liaison to Committee:

Comment: _____

[Signature] Signature 4/14/16 Date

Board Action: _____ Date: _____

President's Signature Date