

BRENTWOOD HILLS HOMEOWNERS ASSOCIATION

Application / Request for Committee Seat

Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Which Committee would you like to participate in ?

___ Architectural ___ Social ___ Landscape ___ Other _____

Based on your choice above, what would you consider to be your best asset to serve on this committee?

If you were chosen to serve on this committee, what do you feel are the most important aspects of this committee?

If selected , how much time monthly, are you willing to dedicate to this committee?

___ 1-2 hrs ___ 3-5 hrs ___ 6-10 hrs ___ Greater than 12 hrs

DO NOT WRITE BELOW THIS LINE – HOA USE ONLY

NOTES: _____

Chairperson Committee

HOA Vice President

HOA President