

Towamensing Trails Property Owners Association
Committee Application

PROSPECTIVE COMMITTEE MEMBER:

NAME: _____

LOT NO. _____ 911 NO. _____ STREET NAME: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

PHONE NO. LOCAL: _____ CELL: _____

WORK: _____ OTHER: _____

PLEASE CHECK MARK WHICH COMMITTEE YOU ARE INTERESTED IN JOINING:
(One resume is required per committee)

ACTIVITIES

CIVIL PENALTY

PUBLICATION

ADVISORY

LAKE PRESERVATION, FISHING, & BOATING

ARCHITECTURAL CONTROL

EMERGENCY MANAGEMENT

CERT

FIREWISE

WHY ARE YOU INTERESTED IN JOINING THIS COMMITTEE?

Signature: _____ Date: _____

President's Signature: _____ Date: _____