

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)

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> ACTIVITIES | <input type="checkbox"/> CIVIL PENALTY | <input type="checkbox"/> PUBLICATION |
| <input type="checkbox"/> ADVISORY & PLANNING
<input type="checkbox"/> FUTURE PLANNING | <input type="checkbox"/> LAKE PRESERVATION, FISHING, & BOATING | |
| <input type="checkbox"/> ARCHITECTURAL CONTROL | <input type="checkbox"/> EMERGENCY MANAGEMENT | |

WHY ARE YOU INTERESTED IN JOINING THIS COMMITTEE?

Signature: _____ Date: _____

President's Signature: _____ Date: _____