

BOARD OF DIRECTORS – NOMINATION APPLICATION
Lake Adventure Community Association, Inc.

IMPORTANT NOTICES:

THIS IS THE ONLY ACCEPTABLE NOMINATION APPLICATION THAT IS ALSO AVAILABLE ON OUR WEBSITE AT www.lakeadventure.net. It must be filled out properly and completely. Use of any other form is unacceptable. Similarly, submission of an incomplete application is not acceptable. Any application, which is improperly submitted, shall be rejected and returned to the person who filed it.

THERE IS A LIMITED PERIOD OF TIME FOR SUBMITTING APPLICATIONS. Completed Applications must be received by LACA after **MARCH 1, 2006, and before APRIL 3, 2006, to be valid.**

Under the LACA Bylaws, all Candidates must be **MEMBERS IN GOOD STANDING of LACA** and must never have been **CONVICTED OF A FELONY. BY SIGNING THIS APPLICATION BELOW**, you hereby consent to be subject to a **BACKGROUND CHECK. MISREPRESENTATION OF ANY INFORMATION** supplied in this application can result in your **REMOVAL FROM THE LAKE ADVENTURE BOARD OF DIRECTORS.**

PLEASE TYPE OR PRINT ALL INFORMATION. This Application as submitted will be reproduced in the Annual Newsletter of LACA.

GENERAL INSTRUCTIONS:

- 1. SECTION A – NOMINEE** – The Applicant’s name must be entered.
- 2. SECTION B – QUALIFICATIONS** – Completion of this section is **OPTIONAL**. Statements may contain any background information (education, experience, training, etc.) which the Applicant wishes to be brought to the attention of LACA Owners.
- 3. SECTION C – FORMAL STATEMENT** – Completion of this section is also **OPTIONAL**. Responses are to be limited to the issues stated on the form and to the space provided.
- 4. SUBMISSION** – Mail or deliver the completed Application to **Lake Adventure Community Association, Inc., 5000 Lake Adventure, Milford, PA 18337 ATTENTION: NOMINATING COMMITTEE.**
- 5.** Please fill in the following personal information, also. Your address and telephone number **WILL NOT** be published in the Newsletter. **IT IS NEEDED FOR OFFICE RECORDS.**

NAME: _____

(SIGNATURE OF APPLICANT – APPLICATION CANNOT BE ACCEPTED WITHOUT SIGNATURE)

PLEASE PRINT THE FOLLOWING:

NAME: _____ **LOT #** _____

ADDRESS: _____

TELEPHONE # _____

THANK YOU.

LAKE ADVENTURE COMMUNITY ASSOCIATION, INC.