

HOLIDAY LAKES POA
BOARD OF DIRECTORS CANDIDATE STATEMENT

Name:
Address:
Phone:

Years as HLPOA Member:
Marital Status & Children:
Occupation:
Education:

Do you have any experience similar to this position or any financial or personal management background?

What would you like to see accomplished at Holiday Lakes in your 3-year term?

How would your experience and/or training be beneficial to the members of this Association?

Are you willing to make decisions which may be in the best interest of the association, but which may not be popular with all property owners? Please explain:

Do you have any regular commitments which would preclude your attending membership and Executive Board Meetings?

Any other Comments or statements you would like to make?

Note: Statements must be filed in the HLPOA office no later than Tuesday, March 28th at 4 pm.

Date Filed:	Signature:
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