

WOODSIDE ASSOCIATION, INC.
BOARD OF DIRECTORS APPLICATION

NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

How long have you owned at Woodside? _____

Have you had any prior experience serving on a Board? _____

If so, what Association or Board? _____

Have you ever served on a Woodside committee? If so, which committee and for how long? _____

Why would you like to serve as a director on the Woodside Association, Inc. Board? _____

What goals would you like the Board to accomplish? _____

What field of work are you in or have you previously been in? _____

What are your strengths? How will that relate to serving on the Board? _____

