

**BOARD OF DIRECTORS – NOMINATION APPLICATION**  
**Lake Adventure Community Association, Inc.**  
**2017**

**IMPORTANT NOTICES:**

THIS IS THE ONLY ACCEPTABLE NOMINATION APPLICATION THAT IS ALSO AVAILABLE ON OUR WEBSITE AT [www.lakeadventure.net](http://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, 2017, and before APRIL 2, 2017, 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. Board Members must be present in person at every meeting. No video/audio conferences of any type will be accepted as attendance (Added 11/19/16 BOD)

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., 105 Office Way North, 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 Your address and telephone number WILL NOT be published in the Newsletter.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.