Del Tura H.O.A. Director Application

Name:_____

Spouse/Significant Other's Name:_____

Address:_____

Phone Number:_____

Email address:_____

Home Owner?_____ How long at current address?_____

Are you: A year round resident?_____ Member of H.O.A.?_____

Are you prepared to serve a 3 year term?_____

Why are you interested in becoming a Board member? Please list qualifications/background/education. (Feel free to use back side)

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