



Application for consideration as a member of the board for the Arcadia Camelback Mountain Neighborhood Association (ACMNA). Please complete the following questionnaire and return at your convenience.

NAME: _____ PHONE: _____

ADDRESS: _____ HOW LONG _____

EMAIL: _____

Please describe your interest in serving on the board of the ACMNA:

Please describe your professional and/or personal history: (family, career, skills you bring with your service to the board).

NAME: _____ PHONE: _____

Please initial the following as your agreement to the following conditions for board members:

1. Board meetings are held the first Thursday of every month (except July and August). Members are encouraged to attend as many meetings as possible. Failure to attend less than 5 meetings in one year could lead to dismissal from the board. _____(initials)
2. Board positions are elected for 3 year terms at the annual meeting every March. If a member is appointed to an open position (not elected), they will be completing the term of the position which was vacated. _____(initials)
3. Board members are expected to actively participate in at least one of the following committees. Please check the committee(s) of your particular interest:

Preservation _____ Events _____ Publicity _____ Finance/Legal _____

Nominating _____ Executive (Pres.VP, Sec, Treas) _____

Is there any other information that you believe the board should know in considering your application?

When are you available to begin? _____

Thanks for taking the time to complete this questionnaire.

THE ACMNA NOMINATING COMMITTEE