

THE LINDY'S LAKE ASSOCIATION BOARD MEMBERSHIP APPLICATION

APPLICANT CONTACT INFORMATION

Name:		
Phone:	Cell:	Email:
Address:		
City: West Milford	State: NJ	ZIP Code: 07480
How long at address:	Emergency Contact:	Phone:

SPECIAL SKILLS OR QUALIFICATIONS

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PREVIOUS EXPERIENCE

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INTEREST

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AGREEMENT & SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a board member, I am responsible to carry myself in a leadership fashion at all times. I shall carry out the purposes of the Association according to its Certificate of incorporation and the By-laws

Signature of applicant:	Date:
Print Name of 1 st Member in Good Standing:	Address:
Signature:	Date:
Print Name of 2 nd Member in Good Standing:	Address:
Signature:	Date:
Print Name of 3 rd Member in Good Standing:	Address:
Signature:	Date:

Note: The fully signed application must be emailed (info@Lindyslake.com) or mailed to the LLA Association by March 1st of the year in which the semi-annual term for the Board is to expire which is ever even year in the Spring meeting.