

**PROPERTY OWNERS AND RESIDENTS ASSOCIATION
BOARD OF DIRECTORS APPLICATION FORM – (insert year)**

DEADLINE TO SUBMIT: (insert date)

I hereby submit my name as a candidate for the Board of Directors of PORA.

PLEASE PRINT

Name: _____ Phone: _____

Address: _____ SCW, AZ 85375

Email: _____ Cell Phone: _____

Registered Voter in AZ? Yes No PORA (date joined): ___/___/___

Moved to SCW (date): ___/___/___ Education/Degrees: _____

Professional experience, especially that which would aid you as a PORA Director:

Present SCW community activities in which you are involved: _____

Ideas you have to improve and enhance PORA and/or SCW: _____

I agree to be a candidate for a position as a Director of PORA for a three-year term and will serve to the best of my ability, if I am elected. I understand that I must be available to perform my Director's duties a minimum of 10 months a year.

Signature

Date