



**Board / Committee Application for Appointment/ Reappointment**

**Contact Information**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, ST ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Appointment or Reappointment:       Appointment       Re- Appointment

Which Position Are You Applying For?     Board of Directors     Committee of Architecture

**IF YOU ARE UP FOR RE-APPOINTMENT YOU ONLY HAVE TO FILL IN THE CONTACT INFORMATION INDICATED ABOVE, THE AGREEMENT SIGNATURE SECTION AND THE ACKNOWLEDGEMENT SECTION IN WHICH YOUR NAME AND INTEREST IN RE- APPOINTMENT WILL BE DISCUSSED AT THE BOARD MEETING PER NRS 241.033.**

**Interests**

Why are you interested in this position?

\_\_\_\_\_  
\_\_\_\_\_

Special Skills or Qualifications:

\_\_\_\_\_  
\_\_\_\_\_

If this Board/ Committee calls for a specific type member, please indicate the position you are applying for: \_\_\_\_\_

Employment Experience/ Profession: \_\_\_\_\_

Organization/ Community Experience:

\_\_\_\_\_  
\_\_\_\_\_

**Agreement and Signature**

I understand the role and responsibility of membership on this board or committee and am willing to serve. If appointed, I will attend required meetings and will adhere to the recorded Declaration of Reservations and the COA Rules and Regulations of the Association. I understand that I must be current on my HOA Assessments and have no property violations in order to serve on the Board or Committee. I can certify, to the best of my knowledge, the information I have provided in this application is true and correct. If the information provided is false or incomplete, it shall be sufficient cause for disqualification or removal.

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Acknowledgment**

ACKNOWLEDGMENT: I understand that my interest in Appointment/ Re-Appointment to the \_\_\_\_\_ (Board or Committee) will be discussed at the Spring Creek Association Board of Directors meeting on \_\_\_\_\_. I waive any rights of notification as per NRS 241.033 by signing this acknowledgment.

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN APPLICATION TO:**

**Spring Creek Association Office**  
**Attention: Jessie Bahr**  
401 Fairway Blvd.  
Spring Creek, NV 89815  
Phone: (775) 753-6295  
Fax: (775) 753-9539  
Email: [jessiebahr@springcreeknv.org](mailto:jessiebahr@springcreeknv.org)