To Be Returned by October 11th 2021 QUESTIONNAIRE

For the position of Director for the remainder of a 2-year term

NAME ADDRESS			LAKE/LOT NO.
			PHONE NO.
CITY	Y		ZIP
1.	How long have you owned p	roperty in the C	Goose Lake Association area?
2.	Please indicate (X) one of the following: Employed Retired		
3.	Would you be available to att month)?	end the month	ly meetings (the last Monday of every
	YES	NO	
4.	Please write a short autobiography.		
SIG	NATURE		DATE
MA		5 N. GOOSE LA	SOCIATION, AKE RD., MORRIS, IL 60450 OCIATION@GMAIL.COM