RAINBOW BEND HOMEOWNERS ASSOCIATION VOLUNTEER APPLICATION

Name:		
Property Address:		
Please answer "yes" or "no": RB	HOA Homeowner?	RBHOA Resident?
Email Address:		
Phone Number(s):		
PLEASE CHECK THE COMMIT	TEE(S) YOU ARE INTEREST	ED IN SERVING ON:
J 1	Governing Documents	□ Communications□ RV Storage Lot
Please list any information you would your committee interest(s), and/or how		<u>-</u>
Please return this completed form to);	
ATTN: Volunteer Applica	ation Or: E-mail	to: terri@kenyonandassociates.com
ATTN: Volunteer Applica Rainbow Bend HOA	ation Or: E-mail	to: terri@kenyonandassociates.com Or: Fax to 775-674-8010
ATTN: Volunteer Applica	or: E-mail	•
Rainbow Bend HOA c/o Kenyon & Associat 645 Sierra Rose Dr., Suite	or: E-mail	Or: Fax to 775-674-8010