



COMMITTEE SIGN-UP FORM

Thank you for applying to serve our community by becoming a member of one of our committees. We hope you will find this to be a rewarding experience. Mission statements for each committee can be found on the LakeRidge Falls website. Please check one committee of interest or expertise per application and return to the office of the property manager. In February, the new Board of Directors will review the composition of each committee for membership assignment.

*Architectural Review Board _____

Landscape_____

Budget _____

Pool _____

Buildings _____

Roads & Grounds _____

Community Relations _____

Security _____

Date: ___ / ___ / ___

Name: _____

LakeRidge Falls Address: _____

Please tell us of your interest in the committee you have chosen:

How do you feel you can contribute to the committee?

Do you presently serve on the committee for which you are applying? Yes _____ No _____

If yes, for how many years? _____

Do you reside in LakeRidge Falls year-round? Yes _____ No _____

If yes, for how many years? _____

*** Please note that there are special requirements for members of the Architectural Review Board. Kindly review the Association policy on the LakeRidge Falls website under Policies and Rules. .**

**** Committee members are forbidden from maintaining and/or attempting to maintain any area in which the Association has or assumed maintenance and other responsibilities.**