

SUN VALLEY ELKHORN ASSOCIATION Board of Directors Application

Name:						
Elkhorn	Ownership:	Years Owned:	:	Years in Blaine	Co:	
Perman	nent Residence (if other than above):					
Email Address: Telephone:						
1.	I reside in Elkhorn/Sun Valley: Full-Time	or Part-Time If pa	art-time, pleas	se indicate # of n	nonths per year	
2.	I own a: Single Family Home	gle Family Home Vacant LotCondominium/Townhome				
3.	I have the time to prepare for and attend four	to six Board meetings per	year:	Yes	No	
4.	I have the time to participate in four to six cor	o six committee meetings per year:		Yes	No	
5.	Please indicate number of years past experience with (and explain if needed):					
6.	Please explain in more detail your past experience as noted above and how it may be applicable to the Elkhorn Association.					
7.	What prompted you to apply for a Board posi	tion, why would you like to s	serve?			
8.	Please prioritize what you feel are the five most important issues to be tackled by the Elkhorn Board in the next few years: Finances (budgets, capital reserves, etc.) Tennis Governance Process (election, Board processes, etc.) Trails Open Space/Land Use Wild-fires Swimming Other					
9.	Based on your knowledge of current SVEA issues, which area(s) do you feel you would add the most benefit to the Elkhorn community and why?					
	Date:	Signature:				

Please complete this application, attach your photograph and a short (not to exceed 350 words) biography and return via email to the Association office <u>svea@elkhorninsunvalley.com</u>. Your information, as provided, will be included in the Annual Meeting Mailing to all SVEA Owners.