

**APPLICATION FORM TO BE CONSIDERED FOR NOMINATION  
TO THE SOA BOARD OF DIRECTORS**

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Neighborhood Name: \_\_\_\_\_ Owner \_\_\_ Spouse \_\_\_ Trustee \_\_\_ Partner \_\_\_ Other \_\_\_

Are you a full-time resident? \_\_\_ Part-time \_\_\_

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**Section A**

Please list any SOA Committees on which you currently or have served in the past.

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

Date Term Began: \_\_\_\_\_ Date Term Ends: \_\_\_\_\_

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

Date Term Began: \_\_\_\_\_ Date Term Ends: \_\_\_\_\_

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

Date Term Began: \_\_\_\_\_ Date Term Ends: \_\_\_\_\_

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**Section B**

Please list Boards you are currently serving on or have recently served on. (Past 5 years – locally & nationally)

Board Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Date Term Began: \_\_\_\_\_ Date Term Ends: \_\_\_\_\_

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Board Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Date Term Began: \_\_\_\_\_ Date Term Ends: \_\_\_\_\_

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**Section C**

1. Are you currently involved in any type of Community volunteer work? Yes \_\_\_ No \_\_\_

If yes, please explain:

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

2. Please list the reason(s) you are interested in serving on the Board.

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

**\*\*\*If additional space is needed, please use the bottom of page 2\*\*\***

