



QUEEN'S LANDING CONDOMINIUM ASSOCIATION, INC.
COMMITTEE VOLUNTEER RESUME

Name: _____

Property Address: _____

Mailing Address: _____

Email Address: _____

Telephone: Home: _____ Office/Cell: _____

Number of years as an owner at Queen's Landing: _____

Committee You Are Interested In: _____

Background and Experience: _____

By signing below, I acknowledge that I have read, understand, and agree to abide by the provisions set forth in the Queen's Landing Committee Charter. I also understand that completing a form is not a guarantee that I will be added to the committee. Committee members are selected by the Committee Chair per the guidance of the Committee Charter in which knowledge/experience and availability to meet whether in person or via teleconference will be key consideration factors.

Signature

Date