



APPLICATION FOR LCPOA COMMITTEE ASSIGNMENT

Name: _____

Committee Requested: _____ (1 Year Term)

Mailing Address: _____

Unit: _____ Lot: _____ Telephone: (Home) _____ (Cell) _____

Brief summary of interest and areas where you can contribute to this committee:

Would you be willing to serve, if selected, as Chairman of this committee?

Yes _____ No _____ (If no, explain)

Please list previous service on LCPOA committee, or other LCPOA organizations (if any):

Signed: _____ Date: _____

For Staff Use Only: Date Received: _____ Initials: _____
