

Candidate Application – Board of Managers

Name:	Date:
Occupation:	
City / State:	
I am a legal owner of Unit Number(s) :	Applicant Must Be A Legal Owner
I am current on APCOA Fees: (Yes/No):	Applicant Must Be Current On All Fees Due
Platform Interests: Discuss what you would like to would like for the Association to move toward, issu	o accomplish as a Board Manager, the directions you les you feel are important.
Qualifications: Discuss why you feel you are qualif	ied to act as a Board Manager on behalf of owners.
	
As an Anchor's Point unit owner, I meet the qualific desire to serve as a Manager of the APCOA Board of term beginning immediately after the Annual Meet	of Managers. I understand that this is a three (3) year
	Date:
Contact Information for Application Only: (Informa-	tion below will not be distributed to members)
Telephone Number(s): Preferred:	Secondary:
E-Mail Address:	
Please submit your application to the board by Sep reproduction as needed. Word processing docume	tember 1 st . You may use additional pages or nts need to be submitted in a .pdf format to insure

Thank you for submitting your application.

compatibility.