

**APPLICATION FOR ASHFORD WEST COMMUNITY ASSOCIATION
DIRECTOR ON THE BOARD OF DIRECTORS**

Name _____
 First Middle Last Suffix Goes By

Home Address _____

Home Phone: _____ Work: _____ Cell _____

Email Address _____

- I am a resident of Ashford West and own a lot.
- I will attend all meetings of the Board of Directors as scheduled or called. (Missing 3 consecutive meetings is cause for dismissal and the director can be replaced.)
- I understand that there is no compensation for the position nor any work performed except for reimbursement of expenses in carrying out the duties assigned.
- I have read the Deed Restrictions and by-Laws for the Ashford West Community Association and will do my best to enforce them.

Employed by: _____
(Name of Company, DBA, or type of services if self employed)

Occupation: _____

Hobbies, Skills or other abilities which may be helpful in carrying out the duties of director.

SignatureDate

Application may be returned to:
Ashford West Community Association, Inc.
2002 West Grand Parkway North, Suite 100
Katy, TX 77449 (281) 870-0585

Or a scanned signed copy may be emailed to:
Emma.Deatherage@stservices.com