

SUDDEN VALLEY COMMUNITY ASSOCIATION

FINANCE COMMITTEE

VOLUNTEER FORM

Please complete the following request for basic information to confirm your eligibility for and intention to serve on the Finance Committee

NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____

EMAIL: _____

DATE: _____ **SIGNATURE:** _____

Please provide a brief overview of your financial and/or accounting experience.

A representative will be contacting you.