

Greater Mission Bend Area Council Representative Form

Legal Name of HOA: _____

HOA must be in good status with the State Comptroller's Office

Mailing Address: _____

HOA Board Representative Name: _____ Phone: _____ Cell: _____

Physical Address: _____ Fax: _____ Email: _____

(Must Be Owner/Occupant of home located within the boundaries of the HOA listed above.)

(Please print clearly)

<u>BOARD OF DIRECTORS</u>				
Name	Position	Phone No.	Email Address	Initial

Board of Director – President (Signature)

(Please Print Name)

Date