BATTLEMENT MESA
Service Association

# Volunteer Committee Member Information Form

**Owner/Member Name:** _____

**Street Address:** _____

**Mailing Address:** _____

City, State, Zip: _____

Home Telephone No: _____

Mobile Telephone No: _____

Email Address: _____

**Please return to:**

**Battlement Mesa Service Assn**

**P O Box 6006**

**Battlement Mesa, CO 81636**

**Or Deliver it to**

**401 Arroyo Drive**

Availability: Do you travel extensively or have other obligation that would prevent or restrict your ability to attend one or two committee meetings, per month? If so, please explain. _____

**Please indicate which committees you are willing to serve on by placing an "X" in the box:**

| Architectural/Covenants | Community Relations | Finance | Oil/Gas |
|---|---|---|---|
| | | | |
| **Parks/Open Space/Trails** | **Planning** | **Public Works** | **Any/All** |
| | | | |

**Please tell us about your background and explain why you have an interest in serving on a committee.**

Owner/Member Name: _____ Date: _____