

BROOKRIDGE COMMUNITY PROPERTY OWNERS, INC.

Color Photo

VOLUNTEER RESUME FOR _____

Date:

Name:

Brookridge Address:

UBL#/Account#

Year Round Member? Yes No

Average Number of weeks you plan to be away from Brookridge each year?

Pease complete the following sections in under 50 words each.

All resumes will be mailed to all members along with the Annual Meeting Notice.

Educational background:

Any special training:

Special interests:

What do you feel you can contribute to the Brookridge Community?

Committee:_____ Approved: _____ Date:_____