



BRICKSHIRE

In The Heart Of Historic Virginia

APPLICATION FOR COMMITTEE MEMBERSHIP

NAME: _____ ADDRESS: _____

EMAIL: _____ PHONE: _____

Please review the listing of Brickshire Committees and check any on which you would like to serve. Please indicate the priority of your preferences.

- | | | | |
|----------------------------|-------|---------------------|-------|
| Architectural Review Board | _____ | Buildings & Grounds | _____ |
| Children's | _____ | Covenants | _____ |
| Finance | _____ | Social | _____ |
| Communications | _____ | | |

WORK AND/OR VOLUNTEER EXPERIENCE:
(Summarize highlights and any special qualifications that apply to Brickshire activities)

Signature _____ Date _____

*****For Administration Use*****

Date Received _____

Discussed with Applicant: Date _____ Notes _____

Board Action _____ Date _____