

OCEAN PINES ASSOCIATION ADVISORY COMMITTEE APPLICATION

1. Name of Applicant: DAVID NEAL CHERRY SR.

2. Address: 39 RABBIT RUN LN.

3. Email: _____

4. Telephone: 410-208-1104 ⁽²⁾ Property Owner for 23 (years)

5. Committee in which you would like to be involved:

<input type="checkbox"/> Aquatics	Re-Appointment	_____
<input checked="" type="checkbox"/> Architectural Review	Re-Appointment	_____
<input type="checkbox"/> Budget & Finance	Re-Appointment	_____
<input type="checkbox"/> By-Laws & Resolutions	Re-Appointment	_____
<input type="checkbox"/> Clubs	Re-Appointment	_____
<input type="checkbox"/> Elections	Re-Appointment	_____
<input type="checkbox"/> Environment & Natural Assets	Re-Appointment	_____
<input type="checkbox"/> Recreation & Parks	Re-Appointment	_____
<input type="checkbox"/> Communications	Re-Appointment	_____
<input type="checkbox"/> Comprehensive Plan	Re-Appointment	_____
<input type="checkbox"/> Search	Re-Appointment	_____
<input type="checkbox"/> Marine Activities	Re-Appointment	_____
<input type="checkbox"/> Tennis	Re-Appointment	_____
<input type="checkbox"/> Other _____	Re-Appointment	_____

Term: 1st 2nd 3rd ~ Term will expire: _____

6. Why do you want to be on this Committee? To assist Residents and Ocean Pines

7. What knowledge/input can you offer to this Committee? Landscaper and helped build houses

Signature David Neal Cherry Sr. Date 1-19-15

1st Endorsement from Committee Chairperson:
Comment: _____
Signature _____ Date _____

2nd Endorsement from Board Liaison to Committee:
Comment: _____
Signature Tom Cherry Date 1/27/15

Board Action: _____ Date: _____
President's Signature _____ Date _____