

SIESTA KEY ASSOCIATION

APPLICATION FOR CONSIDERATION TO BE A BOARD OF DIRECTOR OF SKA

Date : _____

Name: _____

Sarasota Address: _____

Phone: (_____) _____ Email address: _____

Other address including City, St and zip: _____

Months resident on Siesta Key (if not a full time resident): _____

Years owning on Siesta Key: _____ Years living in Sarasota: _____

Recommended by (optional): _____

Occupation (If retired, give previous occupation): _____

Civic organizations in which you are or have been active (use reverse side if necessary):

Siesta Key issues in which you are particularly interested : _____

Professional experience which could be helpful to the SKA Board of Directors: _____

(continued)

PLEASE ATTACH A BRIEF RESUME.
THANK YOU FOR YOUR INTEREST IN THE SIESTA KEY ASSOCIATION

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By signing below, you agree to the following

- 1) You understand the Siesta Key Association is a private volunteer 501c4 organization
- 2) You support the charter on which the Siesta Key Association was formed to conserve and increase the scenic and natural beauty of the area encompassed by Siesta Key and Bay Island
- 3) You support SKA's actions to lobby the County to ensure the density or intensity of uses on Siesta Key are not increased.
- 4) You support SKA's action to protect the quality of life of its residents and residential property owners.
- 5) You support SKA's efforts to protect the health of the natural environment including the waterways and wildlife.
- 6) You support SKA's director's use of legal action to protect its directors or government codes, as necessary.
- 7) You support and will follow SKA's bylaws.

I agree to all of the above,

Signature: _____

Print Name: _____

Date: _____

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