

## Community Services Associates, Inc. (CSA) Committee Member Application 2019

Name:	
Owner Since:	Sea Pines Residency:   Full time  Part time
Sea Pines Address:	
Mailing Address:	
Phone:	_Alternate Phone:
Email:	
I am Interested in Serving on the Foll	lowing Committee(s):
<ul> <li>□ Communications</li> <li>□ Finance</li> <li>□ Forest Preserve Advisory Board</li> <li>□ Gate Configuration, Traffic</li> <li>□ Gate Entry</li> <li>□ Governance</li> </ul>	<ul> <li>□ Land Use Management</li> <li>□ Maintenance, Enhancement and Major Projects</li> <li>□ Safety and Security</li> <li>□ Short Term Rental</li> <li>□ Strategic Planning</li> </ul>
	ther experiences that you believe are relevant to your any professional designations or licenses that you hold.

-	y Service Experience:		. 1 11.
	current and previous community se . For each activity, please indicate		
G ' 1' 1		(1)	
Specialized	Skills Applicable to Your Comr	nittee Selection(s):	
Reasons for	r Volunteering:		
	briefly why you are volunteering	to serve CSA.	
Signature:		Date:	