



**Community Services Associates, Inc. (CSA)**  
**Board of Directors Application**  
**Residential Director, Class "A"**  
**2019**

**Personal**

Name: \_\_\_\_\_

Sea Pines Address: \_\_\_\_\_ Sea Pines Owner Since: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Sea Pines Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

*If currently employed*

Business Name: \_\_\_\_\_

Position: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Education and Business Experience**

Please list education, business & / or other experiences that you believe are relevant. Also list any professional/technical designations or licenses that you hold:

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**Community Service Experience**

Please list current and previous community service activities, interests, directorships, etc. - public and private. For each activity indicate the years served and positions held:

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## Specialized Skills You Would Bring to CSA

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## Other Relevant Activities, Experience, Interests, etc.

Please list other activities, knowledge, or professional experience that would contribute to your effectiveness as a CSA Board Director:

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## Request from the Applicant:

The Nominating Committee has requested that you provide a brief biography (limited to 150 words) and a statement on “Why I Wish to Serve the Sea Pines Community” (limited to 150 words) as attachments to your application in a word document format. Submit to [joan@csaseapines.com](mailto:joan@csaseapines.com) by August 1, 2019.

If selected by the Nominating Committee, your brief biography and statement on “Why I Wish to Serve the Sea Pines Community” will be published in our Board of Directors Candidate Brochure as submitted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Deadline to Apply:** August 1, 2019

**Please Return Application to:**

Joan Berger, Document Administrator  
Community Services Associates, Inc.  
175 Greenwood Drive, Hilton Head Island, SC 29928  
[joan@csaseapines.com](mailto:joan@csaseapines.com)

### For CSA Office Use Only:

Date of Receipt: \_\_\_\_\_ Received By: \_\_\_\_\_