



# HIGHLANDS RANCH

COMMUNITY ASSOCIATION



Name: \_\_\_\_\_ Delegate District: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Year Home Was Purchased: \_\_\_\_\_

Summarize your background and community involvement. What, if any, qualifications do you possess that might be an asset to HRCA?

Briefly state your reasons for wanting to be a District Delegate for the HRCA.

Do you or anyone in your household use the HRCA facilities or participate in HRCA programs? If so, please elaborate.

Do you attend HRCA Events? If so, please explain your favorites and why.

What do you like most about living in Highlands Ranch?

**Please answer the following questions:**

- |   |     |    |
|---|-----|----|
| 1. Will you have the time required to fulfill the duties of this position?<br>(Community Declaration, Section 4.6-4.7, Bylaws Section 5.1-6.15) | YES | NO |
| 2. Are you able to attend the necessary monthly meetings?   | YES | NO |
| 3. Do you object to your contact information being available to residents?  | YES | NO |