



**Four Seasons at Charlottesville Community Association**

**Committee Membership Application**

Please complete this application and submit to the Chair of the Committee or as indicated.

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

Street Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Check for which committee you are applying to be a member:

Budget and Finance

Modifications

Buildings and Streets

Nominating & Election

Communications

Social

Covenants

Welcome

Landscaping and Grounds

Special Use Review Board  
(Submit Application to HOA Board)

What is your interest in serving on the committee/review board?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_