

**SUN CITY SHADOW HILLS  
COMMUNITY ASSOCIATION  
ADVISORY COMMITTEE INTEREST FORM**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

The following are the Committees that have been formed. Other Committees may be formed in the future. If you are interested in participating in your Community, please indicate the Advisory Committee(s) you are interested in joining by placing a priority number by the Committee(s) with #1 being the highest priority.

- |  |                                    |
|--|------------------------------------|
| ___ Communications Advisory Committee    | ___ Information Advisory Committee |
| ___ Design Review Committee              | ___ Landscape Advisory Committee   |
| ___ Emergency Preparedness Committee     | ___ Nominating Committee           |
| ___ Finance Advisory Committee           | ___ Safety Advisory Committee      |
| ___ Food and Beverage Advisory Committee | ___ Community Facilities Committee |
| ___ Golf Advisory Committee              | ___ Other: _____                   |

Are you an owner?  Yes  No

Are you available year round?  Yes  No

If not, how many/what months of the year are you available? \_\_\_\_\_

Please provide a brief description of your background, especially any experience or expertise that may lend to the Committee(s) you are interested in joining. Also, please briefly explain why you would like to serve on this Committee (use back of page if needed).

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Return completed form to the Community Association Office