

**SEABROOK ISLAND  
ARCHITECTURAL COMMITTEE  
WILLINGNESS TO SERVE FORM**

**NAME :** \_\_\_\_\_ **Email Address :** \_\_\_\_\_

**ADDRESS :** \_\_\_\_\_ **Phone # :** \_\_\_\_\_

I understand that there are TWO (2), openings available on the Seabrook Island Architectural Committee and that the candidates receiving the greatest number of votes will be elected to Architectural Committee.

I believe I can fairly represent the Association and function impartially as an Architectural Committee Member with the sole objective of representing the best interest of the Association at all times. I understand that the Architectural Committee is charged with the responsibility to govern the affairs of the Association according to the organizational documents and I myself must fully understand those documents and must not be in personal violation of any part of them.

I understand that the Architectural Committee must make its decisions based on what is in the best interest of the community as a whole, not in the interest of any individual lot owner or group of lot owners and I believe I can make a contribution to this decision-making process. If I am elected to the Architectural Committee, I will not use my position to gain personal power or advantages not available to the general membership of the community. I will abide by the adopted operational procedures and group norms.

Please submit this form with the requested information to ASSOCIA-HCMS, as noted below, in order to be considered.

**Please check the appropriate box:**

- I am currently a Property Owner and currently reside in Seabrook Island, since mo.\_\_\_\_\_/yr.\_\_\_\_\_
- I am currently a Property Owner, but no longer reside in Seabrook Island.

2.) Community and/or other Volunteer Experience:

\_\_\_\_\_

3.) Relevant Work Experience (i.e. working with group projects or on a team):

\_\_\_\_\_

4.) I believe I can serve the Community very well because \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Property Owner Signature (Required)

\_\_\_\_\_  
Date

**Please return this form to:**

**Associa-HCMS, 17049 El Camino Real, Suite 100, Houston, Texas 77058,**

**Email: [hcmadmin@houcomm.com](mailto:hcmadmin@houcomm.com) Or via fax to (281) 218-6973**