



c/o Community Management Advisors, Inc.
200 Commerce Drive, Suite 206, Moon Township, PA 15108
PHONE 412-269-7800 FAX 412-269-7780
www.cmamgt.com

Steeplechase Community Services Association
Annual Owners' Meeting _____ (Date)
Nomination Form

The nomination form must be completed and returned to CMA by fax to 412-269-7780, by email to tammy@cmamgt.com or via U.S. mail to 200 Commerce Drive, Suite 206, Moon Township, PA 15108. The form must be received by _____ (Time/Date), if you wish to run for the Board.

Nominee's Name: _____

Signature of NOMINEE: _____

(Signature Required)

Nominee's unit address: _____

Nominee's experience/education/training: _____

What are your short-term priorities for Steeplechase? _____

What are your long-term priorities for Steeplechase? _____

What is your reason for becoming a candidate for election to the Board of Directors? _____

Would there be a conflict of interest between your serving as a member of the Board of Directors and your personal or business interest? _____
