

**TALEGA MAINTENANCE CORPORATION
DELEGATE/ALTERNATE DELEGATE INTEREST FORM
FOR _____ Neighborhood**

Name: _____ Address: _____
(Please print)
Home Phone: _____ Cell/Phone: _____
Email: _____

Are you a resident living in Talega? Yes No

If yes, for how long have you lived in Talega? _____

Are you listed on title to the property in Talega? Yes No

Are you available to attend Delegate meetings throughout the year for 1 – 3 hours, 3 to 5 times per year held the 4th Tuesday of the month in the evenings? Yes No

Are you available to attend the necessary Delegate Briefing Meeting held the 4th Tuesday in October and the Election Meeting held the 2nd Tuesday in November? Yes No

Reasons you are interested in serving as a Delegate or Alternate Delegate to the Talega Maintenance Corporation:

List the qualifications that you feel make you a good Delegate/Alternate Delegate to serve on behalf of the Talega Maintenance Corporation:

District Delegate: _____ #