

**ASSOCIATION BOARD MEMBERS  
AMENDED ADDENDUM TWO FOR COLBY MANAGEMENT**

- FORM SHOULD BE COMPLETELY FILLED OUT LISTING ALL BOARD MEMBERS EACH TIME A BOARD MEMBER CHANGES
- CHECK BOX NEXT TO ONE PERSON DESIGNATED TO RECEIVE MAILING OF MONTHLY FINANCIAL PACKET AND CORRESPONDENCE
- EMAIL FINANCIAL REPORTS TO ALL BOARD MEMBERS INSTEAD OF 4 EXTRA PAPER COPIES = (select) YES OR NO

**ASSOCIATION NAME:** \_\_\_\_\_ **EFFECTIVE DATE** \_\_\_\_\_

**CHAIRMAN /PRESIDENT** NAME \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**VICE CHAIRMAN /VICE PRESIDENT** NAME \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**SECRETARY** NAME \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**TREASURER** NAME \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**BD MEMBER** NAME \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**BD MEMBER** NAME \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**BD MEMBER** NAME \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**SUBMITTED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_ **TITLE** \_\_\_\_\_