

RECREATION CENTERS OF SUN CITY, INC.

LONG RANGE PLAN COMMITTEE APPLICATION

FULL NAME	HOME PHONE
SUN CITY ADDRESS	CELL PHONE
EMAIL ADDRESS	MEMBERSHIP CARD #
DO YOU CURRENTLY WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	FULL TIME RESIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No
PLEASE LIST ANY EXPERIENCE/BACKGROUND YOU HAVE THAT WOULD QUALIFY YOU FOR THIS COMMITTEE	
LIST ANY COMMITTEES YOU HAVE SERVED ON, RCSC OR OTHER	
SIGNATURE:	DATE:

(Must be a Member in good standing and not be related by marriage or birth to any Member of the RCSC Board of Directors or Sr. Management Staff)