



Whisper Dunes Homeowners' Association, Inc.

Candidate Intent to Run Form

Name: _____

Address: _____

Educational Background: _____

Business Experience: _____

HOA Experience: _____

**Additional Qualifications and
Areas of Expertise:** _____

How Many Months per Year do you Reside in Whisper Dunes? _____

Do you Own Property in Whisper Dunes? _____

Signature

Date