Annual Walnut Island Survey

To better plan service to owners and members we ask that the following information be completed.

Name/s		Year of Purchase			
Walnut Island Street Name	e and Numbe	er			
Phone:	_Text:	Email:			
please check one or more of the following as applicable.					
Permanent Resident,	_	Seasonal Resident,			
		rt term leased/B&B			
All personal information including	g comments, Sug	ggestions, and concerns are held in strict confidence.			
The Association needs volunteers in the areas below.					
Please check those items where you are available to assist.					
Yard of the Month (Selection May-Sept)					
Breakfasts, cook outs, dinners. (cooks & servers)					
Support for the communities less fortunate (donations)					
Celebrate America on special holidays. (Parades & Cook outs)					
Spring/Fall commu					
The Association needs volunteers on the board of directors.					
Please check if you are ava	ilable to pla	n the future of Walnut Island.			

_____I would like to be selected to serve on the board of directors. I plan to attend the General Meeting on 11 May. _____

Signature

Please return the survey in the envelope provided, or deposit in the secure mail slot at the clubhouse located at 109 Faris Drive.

Thank You for completing this survey!

Don Raymond	Steve Hanna	Petra Watson	Len Murray
President	Secretary	Treasurer	Director

Monthly meetings: Held on the 2nd Saturday each month 9:00AM – 10:00 AM **Annual Membership Meeting**: Election of Officers 11 May 9:00AM.