



# Delegate Nomination Form

NAME:	_____	DELEGATE DISTRICT:	_____
ADDRESS:	_____		
PHONE:	_____		
EMAIL:	_____		

Pursuant to the Bylaws of the Highlands Ranch Community Association, the Annual Meeting in each Delegate District shall be held to elect a Delegate from that district if necessary or required. Elections for odd-numbered districts and districts without representation will be held during 2023.

The above person listed is interested in becoming a Delegate for your district. To pursue a spot on the proxy card that will be mailed to members in March, they must obtain signatures from 10% of the homeowners in the district they are running. Please fill out the information below to show your support of the named person being included.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I support \_\_\_\_\_ in becoming a Delegate for District \_\_\_\_\_ during the 2023 Annual Meeting of Members.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I support \_\_\_\_\_ in becoming a Delegate for District \_\_\_\_\_ during the 2023 Annual Meeting of Members.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I support \_\_\_\_\_ in becoming a Delegate for District \_\_\_\_\_ during the 2023 Annual Meeting of Members.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I support \_\_\_\_\_ in becoming a Delegate for District \_\_\_\_\_ during the 2023 Annual Meeting of Members.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I support \_\_\_\_\_ in becoming a Delegate for District \_\_\_\_\_ during the 2023 Annual Meeting of Members.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I support \_\_\_\_\_ in becoming a Delegate for District \_\_\_\_\_ during the 2023 Annual Meeting of Members.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_