

PETITION STATEMENT & CERTIFICATION

I, _____, submit this petition so as to place my name on the ballot as a candidate for election to the Board of Directors of the Bella Vista Property Owners Association (POA) at the election being held on May 19, 2020. I certify that this petition meets the following requirements:

1. This petition bears the signature of at least 50 qualified members in good standing of the Bella Vista Property Owners Association.
2. All signatures are sufficiently legible for verification.
3. Each person who signed the petition confirmed their membership status by providing his/her mailing address as well as subdivision, block, and lot numbers.
4. This petition contains a signed agreement to the statement of compliance regarding the terms and conditions set out in Bella Vista POA policy 1.10, entitled Board of Director's Ethics and Bella Vista POA policy 1.11, entitled Conflict of Interest Policy.
5. This petition contains a signed agreement to the statement of understanding regarding the fiduciary duties and responsibilities associated with being a member of the Bella Vista POA Board of Directors.
6. This petition contains a signed agreement authorizing the release of my contact information.
7. I am submitting this petition to the Corporate Secretary at the Bella Vista Country Club on or before January 10, 2020.
8. I understand that qualified candidates will be announced at the January 23, 2020 Board meeting.

Date

Petitioner-Candidate

Petitioner-Candidate's Sub-Blk-Lot

For POA Use Only:

Petitioner-Candidate is in good standing YES___ NO___ on DATE_____

STATEMENT OF COMPLIANCE

Upon receiving a petition packet from the Bella Vista POA, I received a copy of Bella Vista POA policy 1.10 entitled Board of Director's Ethics and a copy of Bella Vista POA policy 1.11 entitled Conflict of Interest Policy. I have reviewed said policies and have had an opportunity to ask and have received answers to any questions I had/have about said polices. I am comfortable with my understanding of both policies and I understand if elected to the Board of Directors of the Bella Vista POA I will be required to abide by all of the terms and conditions of both of these polices. I hereby agree to comply with the terms and conditions as set out in said policies.

Date

Signature

Printed Name

STATEMENT OF UNDERSTANDING

Upon receiving a petition packet from the Bella Vista POA, I received a copy of documents explaining the fiduciary duties and responsibilities associated with being a board member. I have reviewed said information and have had an opportunity to ask and have received answers to any questions I had/have about the fiduciary duties and responsibilities associated with being a board member. I am comfortable with my understanding of this information and I understand if elected to the Board of Directors of the Bella Vista POA I will be required to uphold my fiduciary duties to the Bella Vista Property Owners Association.

Date

Signature

Printed Name

RELEASE OF INFORMATION

The contact information you provide below will be made available on the Bella Vista Property Owners Association's web site. Your signature below authorizes the POA to make this information available.

Name _____

Phone # _____ e-mail address _____

Date

Signature

**CONFLICT-OF-INTEREST DISCLOSURE STATEMENT
FOR THE PERIOD _____**

I have read and understand the Bella Vista Village Property Owners Association's (the "Association") policy on conflict of interest. As part of the Association, I understand that this policy on conflict of interest applies to me.

I understand that I am expected to conduct business in accordance with the letter, spirit, and intent of all relevant conflict-of-interest laws and the Conflict of Interest Policy and to refrain from any illegal, dishonest, or unethical conduct. I understand that if a situation arises where it is difficult to determine the proper course of action, the matter should be discussed openly with the Board and/or with the Board Chairperson or Chief Operating Officer for advice and consultation. Furthermore, I understand that this document may be amended at any time.

In compliance with the Association's Conflict of Interest Policy, the positions that I or an immediate family member hold within the community are as follows: _____

Business and professional activities in which I or an immediate family member hold as an owner, officer, board member, partner, employee, or other beneficiary position as of _____:

Name of Business/Organization

Position Held/By Whom

Other not-for-profit organizations with which I or a family member is associated and which might reasonably expect to apply for a donation from the Association:

Name of Organization

Position Held/By Whom

Other activities that may produce a possible conflict of interest:

I will promptly inform the Board Chairperson or Chief Operating Officer of the Association of any material change that develops in the information contained in the foregoing statement.

Type/Print Name

Signature

Date