Avalon Management

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		VOLUNTEER APPLI	CATION	
Dear Pr	operty Owner:			
Thank y	ou for expressing an	interest in volunteering yo	our time to help the commun	ity.
	y owners who are int o Avalon Manageme		ed to complete the information	on below and
Ī	Name:			
			(Cell)	
I	Email Address:			
(Occupation:			
I	Name of your commu	unity:		
İ	Date:			
Please i		ary of your experience, int	erests, hobbies, etc., and wh	

Note: By completing this form you acknowledge that the information you provide will be made available to the Association and its members.