Kings Point Jrail Association

c/o Kingwood Association Management 1075 Kingwood Dr. Suite 100 Kingwood, TX 77339 281-359-1102 – Phone 281-359-8067 - Fax Web Page: Kingspointtrail.com



Date: January 11, 2021

DIRECTOR CANDIDATES PROXY INFORMATION FORM FOR KINGS POINT TRAIL ASSOCIATION ANNUAL MEETING FEBRUARY 22ND, 2021

I, _______ wish to add my name to the proxy list that will be voted on at the annual meeting of the Kings Point Trail Association. I understand that any owner that wishes to run must fill out this form, sign it and return it to the mailing address to be received on or before **Monday, January 25th, 2021**. If this form is not filled out and received by January 25th, your name will not be included on the proxy ballot for this election. I can also seek nomination to the Board of Directors by declaring my intent to run at the meeting itself.

Name:						
	First	Last				
Address:						
	Street					
			Phone #			
	City, State	Zip Code				
Village:		E-Mail Address:				
How long have you	lived at this residence:Years					
Responses to the f	ollowing questions will be included on the director	candidate sheet with the annual meeting proxy	mailing.			
Currently serving o	on the Kings Point Trail Association and running for r	e-election		Yes		
If you are not curre	ently a sitting director running for re-election, pleas	e fill questions 1-6				
1) Have you served	d or are currently serving on a non-profit board			Yes	No	
If yes, please add t	he name of the non-profit organizaton and your po	sition or duties on the board				
2) what is your bac	ckground (ie, engineer, accountant, computers, hon	ne maker, self-employed etc.)				

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3) Why do you wish to serve on this board:		I Enjoy the trails system and wish to help maintain them I am currently looking for a way to give back to my community Other								
4) How often are yo	u on the trails	Daily	Weekly	Monthly	Rarely	Never				
5) What is your prim	ary reason for bei	ng on the trails	Running Biking	Walking	Bird Watc	hing Photog	raphy	Oth	ier	
6) If elected are you	willing to serve th	e entire three ye	ar term				Ň	Yes	No	
All candidates for di Please use the space	•	•	•	interests in runnin	g for a position on	the Kings Point Trail As	sociation			
			riminal background as a candidate for		pt of this form and	if there are flags with n	ny backgrou	und I will be	contacted	and notified
Yes	I understand that	if elected I will b	e required to sign a	Conflict of Intere	st form and an Anr	nual Disclosure Stateme	nt			
I am a resident who whishes to run for a position on the Board of Directors of the Kings Point Trail Association during this election, and I wish for my name to be placed on the ballot. I understand that I must forward this form to the Association at the address above to be received on or before January 25th, 2021 to ensure that my name will be added to the ballot.										

Signature

Print name as it will appear on the ballot

Date

The names of all who comply with these instructions will be placed on the ballot, along with the other Directors of the Association who are up for re-election, prior to mailing. Requests to be placed on the ballot after the above deadline will not be considered and all accounts due to Kings Point Trail Association must be paid in full.