

ASSOCIATION & BOARD OF DIRECTORS CONTACT INFORMATION

ASSOCIATION INFORMATION

NAME OF ASSOCIATION: _____
(Please use proper corporate name)

MANAGEMENT COMPANY: _____ MANAGER: _____
 Self-Managed Property

MONTH OF ANNUAL ASSOCIATION MEETING: _____ ASSOCIATION COUNTY: _____

BOARD INFORMATION

PRESIDENT

Name: _____
Home Address: _____

Email Address: _____
Home Phone: _____ Work Phone: _____ Fax: _____

VICE PRESIDENT

Name: _____
Home Address: _____

Email Address: _____
Home Phone: _____ Work Phone: _____ Fax: _____

SECRETARY

Name: _____
Home Address: _____

Email Address: _____
Home Phone: _____ Work Phone: _____ Fax: _____

TREASURER

Name: _____
Home Address: _____

Email Address: _____
Home Phone: _____ Work Phone: _____ Fax: _____

OTHER (SPECIFY TITLE)

Name: _____
Home Address: _____

Email Address: _____
Home Phone: _____ Work Phone: _____ Fax: _____

PLEASE RETURN FORM TO:

CLIENT SERVICES COORDINATOR
WEISSMAN, NOWACK, CURRY & WILCO, P.C.
ONE ALLIANCE CENTER, 4TH FLOOR
3500 LENOX ROAD
ATLANTA, GEORGIA 30326
E: CACLIENTSERVICES@WNCWLAW.COM
F: 404-926-4807 / P: 404-926-4607

DATE: _____

Please designate the appropriate contact by name:

All correspondence will be forwarded to President unless designated below.

GENERAL CONTACT: _____
BILLING CONTACT: _____
COLLECTIONS AND PAYMENTS CONTACT: _____