

# MCA



## ANNUAL MEMBERS MEETING PROXY

I am/we are unable to attend the Annual Members' Meeting and Delegate Election of the Master Community Association, Inc. (MCA) to be held on Wednesday, November 8, 2017 at 6:30 p.m. in the MCA CUBE (8371 Northfield Blvd) and hereby appoint the holder of this proxy as my representative, as proxies for the undersigned, with full power of substitution to act as my/our lawful agent and proxy to attend the meeting, and any adjournments thereof. **If mailed to the MCA, the delegate elected Board Member will execute it on behalf of the member. To Assign this proxy to a member attending the annual meeting INSERT NAME HERE:** \_\_\_\_\_

**BALLOT PORTION:** Delegate Bios can be found online at [www.stapletoncommunity.com](http://www.stapletoncommunity.com) or by calling 303-388-0724 to have a packet mailed to you. **You are only voting on the Delegate that represents your district.**

<p><b>District 1</b> – Tim Hampton <b>District 2</b> - Josh Nicholas <b>District 3</b> - Dana Elkind <b>District 4</b> – Christie Spilsted <b>District 5</b> – Andrew Bartlett <b>District 6</b> - OPEN <b>District 7</b> - Lee Ferguson <b>District 8</b> – Amanda Dorotik <b>District 9</b> – OPEN <b>District 10</b>- OPEN</p>	<p><input type="checkbox"/> <b>RETAIN MY CURRENT DELEGATE FOR 2018*</b></p> <p>.....</p> <p><input type="checkbox"/> <b>REMOVE MY CURRENT DELEGATE FOR 2018**</b></p> <p>.....</p> <p><input type="checkbox"/> <b>NOMINATE A NAME FOR CONSIDERATION 2018***</b></p>
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\*By checking the “**RETAIN**” box you are supporting your current delegate (see the above list) and voting to retain him/her in this position for one additional year.

\*\*By checking the “**REMOVE**” box you are indicating a vote of “No Confidence” for your current delegate. If that delegate receives a majority of “REMOVE” votes and a duly constituted quorum is present in person and proxy then a replacement will be selected consistent with article 4.7 of the Association By-laws. If a quorum is not present and there are additional valid nominations for the delegate seat, then an additional ballot will be sent to you after the members meeting.

\*\*\*By checking the “**NOMINATE**” box you may nominate an alternative candidate to serve as your community delegate by completing the nomination form on the reverse side. **ALL NOMINATIONS MUST OWN PROPERTY WITHIN THE DISTRICT THEY WISH TO REPRESENT.** Any nominations not made in person at the annual meeting must be received at the MCA by close of business Tuesday prior to meeting.

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### SIGNATURE AND ADDRESS PORTION

Print First and Last Name \_\_\_\_\_

Print Property Address \_\_\_\_\_

Owners Signature and Date \_\_\_\_\_

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

(if none is listed then any further ballot and voting information will be sent to the physical address of the property)

THIS BALLOT MUST BE RETURNED ON OR BEFORE WEDNESDAY, NOVEMBER 8TH AT 4:00 P.M. TO THE ATTENTION OF JENIFER GRAHAM • EXECUTIVE BOARD SECRETARY • STAPLETON MCA • 7350 E 29<sup>th</sup> Ave Ste. 300. • DENVER, CO. 80238.

# MCA

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## Community Delegate Nomination Form

### Candidate Information

Name \_\_\_\_\_

Home address \_\_\_\_\_

Home phone number \_\_\_\_\_

E-mail address \_\_\_\_\_

Work phone number \_\_\_\_\_

Employment/Position \_\_\_\_\_

Education \_\_\_\_\_

Please briefly describe why you are interested in serving as a MCA Community Delegate

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please circle any of the following skills or experience that the candidate possesses.

- |                                  |                            |
|----------------------------------|----------------------------|
| Finance, accounting              | Management, administration |
| Cultural programming             | Nonprofit experience       |
| Fundraising and special events   | Recreation and Aquatics    |
| Public relations, communications | Contacts, networking       |
| Community Management             | Other _____                |

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### Submitted by

Name \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Has this person been contacted to determine their interest in being nominated? \_\_\_ Yes \_\_\_ No

If "yes," would he/she be willing to serve by attending monthly community delegate meetings if elected? \_\_\_ Yes \_\_\_ No