



Ashford  
Alliance  
Community  
Association

### **To All Potential Members:**

The standard AACA certification form for corporations is attached. Feel free to edit it in MS Word with your specifics, but please leave the underlining in place (adjusted for your info). It helps us to sort through and locate certain information.

A key ingredient in this process is disclosing how you were chosen, ordained or elected to represent your neighbors. It is important the AACA believe all its Member Representatives are representing some group. We are depending on our Members to inform their neighbors about the issues which confront us as well as to provide input back from them on the priorities we should assign.

The AACA does not have 'targets' or limits on the size of representative organizations, but we are sensitive to the "overlap" of representation. We expect the geographic area specified will be discrete, meaning it is not currently represented by an existing AACA Member. If you are uncertain, ask us.

Members may certify one representative and as many alternates as desired by using additional forms; however, the Member will still only be allowed one vote.

### **Corporate HOA's, CA's and NA's**

We will look for language in the Certification that sounds like a corporate resolution or appointment was made by the Board of Directors. You will need to identify the legal name and the streets included in the organization. The designated representative does not have to be an officer or Board member, but the Certification must be signed by an officer of the corporation. How many homes does the corporation represent? Are there homes within your boundary that are not members?

### **Changes**

We anticipate changes to your certification may be required from time to time. This can be done with a letter outlining the changes and signed by the 'Member authority' (ie. an officer of the corporation). Technically, the certification is controlled by the Member and can be amended (within reason) without approval of the AACA, so long as all parties affected, including the AACA, are notified.

We will accept emails and/or attachments as temporary proof of intent but will ultimately need a signed document. Applicants should be aware that receipt of certification is not equivalent to acceptance by the Ethics Committee (or the Board). The AACA reserves the right to review all certifications. The Ethics Committee will report its activity and any observations along with a contingent Member List to the Board and they will accept or deny.

NW Dekalb County is in transition and will remain a real challenge to organization for some time, but we hope you will continue to reach out to your neighbors and help us maintain a dialogue with them through you.

Please fill out the attached form, including names of all representatives and deliver a signed original to me at the next meeting.

Thank You,

Paul DeFriece, VP  
Membership Committee Chair



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### Incorporated Neighborhood Certification

The members of the \_\_\_\_\_ neighborhood or subdivision, located in Dekalb County and incorporated under the laws of the State of Georgia, wish to join the Ashford Alliance Community Association (AACA). Our community consists of \_\_\_\_\_ (#) homes or residential units on the following streets:

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

At this time, the Board wishes to designate the following representatives:

\_\_\_\_\_ addr: \_\_\_\_\_ Zip: \_\_\_\_\_ Ph: \_\_\_\_\_  
\_\_\_\_\_ addr: \_\_\_\_\_ Zip: \_\_\_\_\_ Ph: \_\_\_\_\_  
\_\_\_\_\_ addr: \_\_\_\_\_ Zip: \_\_\_\_\_ Ph: \_\_\_\_\_  
\_\_\_\_\_ addr: \_\_\_\_\_ Zip: \_\_\_\_\_ Ph: \_\_\_\_\_

as representatives to the AACA for our community.

\_\_\_\_\_  
Name, Title

\_\_\_\_\_  
Date



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**Representative Agreement for \_\_\_\_\_**  
*(neighborhood)*

I agree to comply with all rules and regulations duly adopted by the Ashford Alliance and to make a good faith effort to notify, and obtain input in a timely manner from the residents which I represent on all matters pertaining to the Ashford Alliance. I further agree to report such feedback to the Ashford Alliance and to vote on any matters in accordance with the will of the majority of the residents which I am appointed to represent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date