

The Villages of Savannah Homeowners' Association

Board of Directors Nomination Form

Date: _____

Name of Nominee: _____

Address of Nominee: _____

Telephone Number of Nominee: _____

Email Address of Nominee: _____

Brief biography of nominee and reasons for being interested in serving:

Director officer position for which nominee would be considered: _____

Signature of Nominee: _____ Date: _____

Your name if nominating someone else: _____

Your address: _____

***Please return this form with your proxy if you are interested in running or are nominating someone for the open position. Please ensure that the person you are nominating is interested.*