



Fall Creek Place

FALL CREEK PLACE HOMEOWNERS ASSOCIATION, INC. NOMINATION FORM

CANDIDATES MUST BE A PROPERTY OWNER WHO RESIDES AT FALL CREEK PLACE,
A MEMBER OF THE FALL CREEK PLACE HOMEOWNERS ASSOCIATION IN GOOD
STANDING, AND MUST SIGN THIS FORM CONSENTING TO SERVE IF ELECTED.

The undersigned hereby requests the nomination of the following unit owner and resident of Fall Creek Place to be a member of the Board of Directors, which is to be elected at the Annual Meeting of the Voting Members of the Association.

Name of Homeowner Nominated: _____

Home Address: _____

Home/Cell Phone: _____ Business Phone: _____

Email: _____ Professional or Business Affiliation or Occupation: _____

Statement of special interest, abilities and potential contributions to the activities and functions of the Board

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Signature

Printed Name

Address

CONSENT OF NOMINEE

Nominee must sign the consent for this Nomination to be valid

Signature

Printed Name

**RETURN THIS FORM TO C2 SERVICES, LLC PRIOR TO THE ANNUAL MEETING BY EMAIL TO:
FALLCREEKPLACE@GMAIL.COM OR IN PERSON AT THE ANNUAL MEETING**