

# Mountain View Association Board of Directors Nomination Form

If you are interested in serving on our Board of Directors or want to recommend someone please complete the applicable section:

**SECTION 1: I am interested** in serving on the Board of Directors:

NAME \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
BACKGROUND/OCCUPATION: \_\_\_\_\_  
WHY ARE YOU INTERESTED?: \_\_\_\_\_  
\_\_\_\_\_

**SECTION 2: I would like to recommend** the following person to serve on the Board of Directors:

YOUR NAME AND PHONE #: \_\_\_\_\_  
Is the person you are recommending interested and available to serve: YES \_\_\_ I DON'T KNOW \_\_\_  
CANDIDATE'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
BACKGROUND/OCCUPATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INTERESTS AND/OR SKILLS THAT WOULD BENEFIT THE BOARD'S COMMITTEES OR ACTIVITIES:**

(CHECK ALL THAT APPLY)

WATER QUALITY AND WEED CONTROL

FUND RAISING

LEGACY FUND

FINANCE

COMMUNITY EVENTS/VOLUNTEERING & PLANNING

COMMUNICATIONS, SOCIAL MEDIA & COMMUNITY OUTREACH

MEMBERSHIP DEVELOPMENT

OTHER \_\_\_\_\_

FILL OUT FOR EITHER TYPE NOMINATION and MAIL THIS FORM BY **MAY 15, 2019** TO:

Nominating Committee Chair, Mountain View Association, PO BOX 235, OWLS HEAD, NY 12969