Island Park Village Resort 2017 Board of Directors Election Nomination Form

Island Park Village Association

Name:				
Address:				
City/Stat	e/Zip:			
Phone:	Day:		Evening:	
Occupati	ion:	(If retired, list primary occupation before retirement)	E-mail:	
following 1) What 2) What	g three educati profess	th and include any information you fe questions: on do you have that makes you the bestional or volunteer experience do you have the association benefit by your service of	choice for electi	ion to the board?
Campa	aign St	atement:		
Signat	ure:		I	Date: