

# Westview Lakes Homeowners Association, Inc.

## Self-Nomination Form / Board of Directors

Through my signature below, I attest that I am willing to serve the community on the Board of Directors for a period of:

1 year       2 years       3 years

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **BACKGROUND INFORMATION:**

### **HOW I FEEL I CAN CONTRIBUTE TO OUR COMMUNITY:**

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Please do not complete below the line

Received: \_\_\_\_\_ Accepted: \_\_\_\_\_

Term Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Please return completed form to:  
Westview Lakes Homeowners Association, Inc.  
c/o Robin Stortz, Association Manager  
PO Box 12141  
Newport News, VA 23612  
or send via email to [manager@westviewlakes.org](mailto:manager@westviewlakes.org)