

## Nomination Form

I am a member of the Sturbridge Lakes Association in good standing and am willing to serve on the Board as a Trustee for the three-year term beginning January 1, 2017 through December 31, 2019.

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

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

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Length of Residence: \_\_\_\_\_

Biography: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Nominee's Signature

Completed forms should be received no later than 4:00 p.m. on  
November 9, 2016 at the following address:

Sturbridge Lakes Association  
c/o Associa Mid-Atlantic  
14000 Horizon Way, Suite 200  
Mt. Laurel, NJ 08054

