

**ADDISON CIRCLE COMMUNITY ASSOCIATION (ACCA) BOARD OF DIRECTORS  
NOMINATION FORM**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL/PHONE \_\_\_\_\_

ARE YOU AN ADDISON CIRCLE RESIDENT/BUSINESS OWNER (PLEASE IDENTIFY COMPANY)?

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PLEASE PROVIDE A FEW SENTENCES ABOUT WHY YOU WANT TO BE AN ACCA BOARD MEMBER?

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE IDENTIFY WHICH POSITION YOU ARE SEEKING ELECTION FOR:

CHAIR

CO-CHAIR

VICE PRESIDENT

SECRETARY

TREASURER

AT LARGE