

NOMINATION APPLICATION PINECREST PROPERTY OWNER'S ASSOCIATION BOARD OF DIRECTORS

I,	, hereby wish to submit my name for a position	
on the Board of Directors, Pinecre	st Property Owner's Association. I am a resident of Pinecres	
will attend all meetings except for	illness or personal emergencies.	
Address	How long?	
Email address:	Contact telephone:	
(Optional)	(Optional)	
Family information:		
Work experience/education:		
Social/community involvement:		
Why are you interested in corving?	·	
willy are you interested in serving:		
Have you served on any previous P	Pinecrest (or other POA) committee? Tell the membership abo	
		

Your thoughts on what you believe to be the three (3) most important issues facing Pinecrest today and how in your opinion they should be addressed:		
Closing thoughts:		
Signed:		
Date:/		
MUST be received by the Election Com	ted using this form, please no attachments. The application mittee no later than October 31, 2023, in order to be meeting and be eligible to participate in the Meet the	
Please return to:		
Pinecrest, POA	or by fax:	
% Trista DiNovo, CMCA®, AMS®	843-785-3901	
2 Corpus Christi #302		
Hilton Head Island SC 29928	<u>or by email:</u>	

Cathy@IMCHHI.com