

Application for Nomination as a Candidate for Election to the Board of Directors

Election Year 2025

Name: _____

Address: _____

Phone No.: _____

Resident since: _____

Email: _____

Education: _____

1. **If you are elected, what experiences or skills, from your work or other activities, will contribute to your work as a member of our Board of Directors and your work in our community?**

2. **If you are elected, what would you hope to accomplish for our community during your tenure as a Board member?**

3. **During the last 12 months, solely in the neighborhood of Carolina Shores, what volunteer civic responsibilities have you assumed? Examples might include serving on the: POA board, Recreation Committee, ACC, Communications Committee, etc.**

Carolina Shores Property Owners Association
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4. What areas of work on the Board and Community are of interest to you?

- | | | |
|--|--|--|
| <input type="checkbox"/> Audit and Finance Committee | <input type="checkbox"/> Maintenance Committee | <input type="checkbox"/> Communication Committee |
| <input type="checkbox"/> Advisory Committee | <input type="checkbox"/> House Committee | <input type="checkbox"/> Nominating Committee |
| <input type="checkbox"/> Recreation Committee | <input type="checkbox"/> Architectural Control Committee | <input type="checkbox"/> Other |

5. If elected, are you willing to sign a non disclosure agreement? YES NO

6. The Board schedules monthly business meetings on the second Wednesday at 9:30 AM. If elected, can you attend these meetings? YES NO

7. The Board schedules community meetings on a Monday evening in May, August and November. If elected, can you attend these meetings? YES NO

8. The Board schedules the annual meeting on the first Saturday in February. If elected, can you attend? YES NO

9. The POA sponsors several social functions throughout the year. If elected, can you attend? YES NO

The Nominating Committee is requesting the above information so that our members can make an informed election decision that will best benefit our Community. This information will be included in your resume and picture that will be provided to our members prior to the election. **Please fill out the above requested information, limited to the space provided, and return this form to the POA office by 10/31/2024.**

If you have any questions, please call John Csernecky at 910-579-9520 or 910-393-9649.

Thank you for your co-operation.

Nominee's Signature _____

Date _____