

NOMINATION FORM

Following is the information needed by your Board of Directors to place your name in nomination for a vacant Board position. Please limit your input to the space provided on this form and do not send a resume.

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Are you a Whispering Woods I or II Owner or Whole Unit Owner? _____

EDUCATION

QUALIFYING EXPERIENCE

OBJECTIVES/GOALS

In order to ensure that you will be considered for the open Board position, this nomination form must be received by fax, mail or email **NO LATER THAN Monday, April 1, 2024. DELIVERY OPTIONS:**

- Option 1: Send by fax to Whispering Woods Resort at 503-622-5685**
- Option 2: Send by mail to Whispering Woods Resort at P.O. Box 435, Welches, OR 97067**
- Option 3: Send by email to Whispering Woods General Manager at pat@whisperingwoods.net**

**Thank you,
Whispering Woods Resort Boards of Directors**

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