

Board Member Nomination Form

Please provide information about the nominee:	
Name:	
Address:	
City, State, Zip:	
Cell Phone:	Home Phone:
Email address:	
Please attach a biographical sketch, res	ume or curriculum vitae for the nominee
wanting to serve on Villa Licci's Board of acknowledgement of Villa Licci's Board of	f Trustees job description and related policies. of skills, experiences, interest areas or other
Please provide information about the nomina	tor:
Name:	
Cell Phone:	Home Phone:
Email address:	
Please mail or email this information to:	
Villa Licci	
P. O. Box 80128	

Indianapolis, IN 46280 jfitt@villalicci.org