

This is to serve as the nomination of a member of our local board to fill a position on the TASB Board of Directors.

CANDIDATE INFORMATION

NAME:	
SCHOOL DISTRICT:	
CITY:	ZIP:
Our school district's board of trustees understand	ds:
 responsibility of the candidate's local school 2. The local board's nomination of one of its trathat Director position. 3. A TASB Director's attendance at regular TA 4. Lodging and transportation expenses incurrand December Board meetings are reimbur 	ustees shall be considered the district's endorsement for
This nomination was approved by our board of tr	ustees at a duly called meeting on (Date)
Signature of board president or officer (If candidate	e is the board president or officer, must be signed by another officer)

TITLE: _____

WILLINGNESS TO SERVE (To Be Completed By the Candidate)

I, _____, confirm my willingness to serve, if elected, as a member of the TASB Board of Directors for Region _____, Position _____.

 Signature of candidate

 This form is to be used to nominate a member of your Local Board as a candidate to fill a position on the TASB Board of Directors.

 Must be received by TASB on or before July 21, 2021.

 Interviews will be held at TASB Headquarters in Austin on September 10-11, 2021.

RETURN TO: E-mail: boardcommunications@tasb.org FAX: 512.467.3554