

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 INFORMATI	ON
NAME:	
SCHOOL DISTRICT:	
CANDIDATE MAILING AD	DRESS:
CITY:	ZIP:
Our school district's board	of trustees understands:
<ol> <li>responsibility of the c</li> <li>The local board's non that Director position.</li> <li>A TASB Director's att</li> <li>Lodging and transpor and December Board</li> </ol>	r the candidate to attend the Nominations Committee interview will be the andidate's local school district.  Inination of one of its trustees shall be considered the district's endorsement for sendance at regular TASB Board meetings is important. It is interested by TASB Directors attending regular spring, summer I meetings are reimbursed by the Association and transportation expenses and incurred attending the Convention Board meeting are reimbursed by the
This nomination was appro	oved by our board of trustees at a duly called meeting on
	(Date)
PRINTED NAME:	ent or officer (If candidate is the board president or officer, must be signed by another officer)
WILLINGNESS TO SERV	E (To Be Completed By the Candidate), confirm my willingness to serve, if elected, as a member of the or Region, Position
Signature of candidate	
	This form is to be used to nominate a member of your <u>Local Board</u> as a candidate to fill a position on the TASB Board of Directors.  Must be received by TASB on or before <u>June 30</u> , 2020.