

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 INFORMAT	ION
NAME:	
SCHOOL DISTRICT:	
CANDIDATE MAILING A	DDRESS:
CITY:	ZIP:
Our school district's board	of trustees understands:
responsibility of the of the local board's not that Director position. 3. A TASB Director's at Lodging and transportant December Board.	or the candidate to attend the Nominations Committee interview will be the candidate's local school district. mination of one of its trustees shall be considered the district's endorsement for a considered tregular TASB Board meetings is important. It is important. The construction expenses and a considered attending the Convention Board meeting are reimbursed by the considered the district's endorsement for a considered the considered the district's endorsement for a considered the considered th
This nomination was appr	oved by our board of trustees at a duly called meeting on(Date)
Signature of board presid	lent or officer (If candidate is the board president or officer, must be signed by another officer)
PRINTED NAME:	
I,	/E (To Be Completed By the Candidate), confirm my willingness to serve, if elected, as a member of the for 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 in the TASB Austin Headquarters on or before <u>July 1, 2019</u> . RETURN TO: TASB, Inc. Attn: Board and Management Services P.O. Box 400 Austin, Texas 78767-0400 E-mail: lysa.hoelscher@tasb.org

FAX: 512.467.3554