

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)N
NAME:	
SCHOOL DISTRICT:	
CANDIDATE MAILING ADD	DRESS:
CITY:	ZIP:
Our school district's board of	of trustees understands:
responsibility of the ca 2. The local board's nom that Director position. 3. A TASB Director's atte 4. Lodging and transport and December Board	the candidate to attend the Nominations Committee interview will be the indidate's local school district. Ination of one of its trustees shall be considered the district's endorsement for endance at regular TASB Board meetings is important. In action expenses incurred by TASB Directors attending regular spring, summer meetings are reimbursed by the Association and transportation expenses and incurred attending the Convention Board meeting are reimbursed by the
This nomination was approve	ved by our board of trustees at a duly called meeting on
	(Date)
PRINTED NAME:	nt or officer (If candidate 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 r Region, Position
TASB Board of Directors fo	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 November 13, 2018.
	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