

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:	
MAILING ADDRESS:	
CITY:	ZIP:
Our school district's board of trustees understar	nds:
responsibility of the nominee's local schoo 3. Lodging and transportation expenses incu- and December Board meetings are reimbu- three nights' lodging incurred attending the Association.	nd the Nominations Committee interview will be the
This nomination was approved by our board of	trustees at a duly called meeting on (Date)
(Signature of board president or officer)	
NAME:	
	ZIP:
WILLINGNESS TO SERVE (To be completed	by the candidate)
I,, confirm my TASB Board of Directors for Region, Posi	willingness to serve, if elected, as a member of the tion
(Signature of candidate)	

This form 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>June 30, 2016</u>.

RETURN TO: TASB, Inc.

Attn: Board and Management Services

P.O. Box 400

Austin, Texas 78767-0400 E-mail: susan.tabbee@tasb.org

FAX: 512.467.3554