

# MISSISSIPPI SCHOOL BOARDS ASSOCIATION

## MSBA Board of Directors Nomination Form

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: MS Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

School District: \_\_\_\_\_

Years of Service on Local Board: \_\_\_\_\_

Current Term Expiration Date: \_\_\_\_\_

Type of District       Consolidated                       County  
                                  Municipal Separate               Special Municipal Separate

Congressional District: \_\_\_\_\_ Sex:     Male     Female

Race:     African-American     Caucasian     Hispanic    Other \_\_\_\_\_

**Please return this form to MSBA**

*P.O. Box 203, Clinton, MS 39060*

*Fax: 601-924-2003*

*E-Mail: [amills@msbaonline.org](mailto:amills@msbaonline.org)*

