



MSBA Board of Directors Nomination Form

Name: _____

Mailing Address: _____

City: _____ State: MS Zip Code: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Email: _____

School District: _____

Years of Service on Local Board: _____

Current Term Expiration Date: _____

School District Accountability Rating: _____

State Congressional District: _____

Type of District:

Consolidated

County

Municipal Separate

Special Municipal

Sex: Male Female

Race: African American Caucasian Hispanic Other: _____

**Please return this form with a letter of interest,
short bio/resume, photo, and a letter of recommendation to
MSBA by Thursday, October 17, 2024.**

**Attention: Nominating Committee
Mailing Address: P.O. Box 203, Clinton, MS 39060
Email: amills@msbaonline.org
Fax: 601.924.2002**

Thank you for your nomination!