

Mississippi School Boards Association Profile

Please assist the MSBA in keeping accurate records by completing this form for our files.
Thank you for your cooperation!

Name: _____

Name to use for name badges (Nickname or Name You Go By) _____

Female Male Title: Mr. Ms. Mrs. Dr. Miss Other _____

Mailing Address: _____

Street Address (if different from above): _____

City/State/Zip: _____

Phone: Work: _____ Home: _____ Cell: _____

Fax: _____ Email: _____

School District You Represent: _____

Year you began serving on the board of this school district: _____

Year current term ends: _____

Occupation: _____

Highest Level of Education:

- High School
- 1-2 year degree or certification
- 4 year degree
- Master's degree
- Specialist degree
- Doctorate
- Other _____

Race:

- African American
- Caucasian
- Hispanic
- Asian
- Other

Age:

- 18-30
- 31-45
- 46-50
- 51-60
- Over 60

Congressional District: Kelly (District 1) Guest (District 3)
 Thompson (District 2) Palazzo (District 4)

Whom on your board are you replacing? _____

Are you currently serving as Board President/Chairman? Yes No

The information you provide for this profile is confidential and will only be released to organizations that are non-profit and support the mission of the Mississippi School Boards Association. If you prefer you're your information not be released, Please check here. .

Please return this form by mail, email, or fax to:

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