



**MISSISSIPPI  
SCHOOL BOARDS  
ASSOCIATION**

**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: \_\_\_\_\_

**Type of District:**

Consolidated

County

Municipal Separate

Special Municipal

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

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

**Please return this form with a short bio/resume and photo to MSBA.**

**Attention: Nominating Committee**

**Mailing Address: P.O. Box 203, Clinton, MS 39060**

**Email: [amills@msbaonline.org](mailto:amills@msbaonline.org)**

**Fax: 601.924.2002**

***Thank you for your nomination!***