



NASB Legislation Committee Nomination Form for Member #6

THIS FORM MUST BE RECEIVED AT NASB BY AUGUST 30th, 2024

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Home

Work

Cellular

Email Address: _____

Local Board Service

Name of local school board: _____

Years of service on local board: _____

Current office held on local school board: _____

Past offices held on local school board: _____

Association Participation

State Conferences: _____

National (NSBA) Conventions: _____

Workshops: _____

Awards Received: _____

(CONTINUED)

Other Education-Related Public Service

Commissions, Task Forces, and Committees: _____

Personal Information

Occupation: _____

Educational Background: _____

Community Activities: _____

Awards and Recognitions: _____

Hobbies and Activities: _____

This nomination is submitted by:

District Name: _____

Name of Board President or Vice President: _____

Date: _____

By checking this box, I assert the board president or vice president has read the completed Nomination Form and verifies its authenticity.

**Return to: NASB
1311 Stockwell St.
Lincoln, NE 68502
Or via e-mail to shorky@nasbonline.org**