



ASBA Officer Nomination Form

This form should be completed and sent to the ASBA President, with a copy to the ASBA Executive Director, to the address at the bottom of this form.

Nominee's Name _____

Mailing Address _____ City _____ Zip _____

Phone (home) _____ (work) _____ Email _____

Years School Board Service _____ School District _____

Year elected for current term _____ Length of term _____ Term ends _____

Hours of school board member training attained _____

Check all that apply:

Honor Board Member Outstanding Board Member Master Board Member Pinnacle Board Member

Description of board service and leadership:

Nomination Certification:

Members of the _____ Board of Education voted in the affirmative at a regular/special meeting on _____ 20__ to nominate

_____ for the position of _____

on the ASBA Board. This nominee has _____ years remaining in his/her term on our board.

Superintendent _____ Board President _____

Board Secretary _____