



# Regional Director Nomination Form

*This completed form should be sent to the ASBA President, with a copy to ASBA's Executive Director, at the address below. Form must be received at least 14 days prior to the Regional Meeting.*

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 Director for Region # \_\_\_\_\_. This nominee has \_\_\_\_\_ years remaining in his/her term on our board.

Superintendent \_\_\_\_\_ Board President \_\_\_\_\_

Board Secretary \_\_\_\_\_