



District Director Nomination Form

Name: _____

School Board: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Nominated by: _____

Years on the school board: _____

Academy status: _____

Occupation: _____

Other positions/information (optional): _____

Nominated by: _____ School Board: _____

Permission for Nomination Form *
(if not self-nominated)

I, _____, give my permission to be nominated for district director.

Name

Date

* Completion of permission form is not necessary for self-nominations.

If you do not receive confirmation of your nomination from AASB in three business days, please resubmit the nomination and contact the AASB office. AASB will recognize the initial date of submission upon verification.