



**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: _____

School District Accountability Rating: _____

State Congressional District: _____

Type of District:

☐
☐

Consolidated
Municipal Separate

☐
☐

County
Special Municipal

Sex: ☐ Male ☐ Female

Race: ☐ African American ☐ Caucasian ☐ Hispanic Other: _____

**Please return this form with a letter of interest,
short bio/resume, photo, and a letter of recommendation to
MSBA by Friday, August 21, 2026.**

Attention: Nominating Committee
Mailing Address: P.O. Box 203, Clinton, MS 39060
Email: amills@msbaonline.org
Fax: 601.924.2002

Thank you for your nomination!