

NORTH CAROLINA SCHOOL BOARDS ASSOCIATION
2023/2024 BOARD OF DIRECTORS
Information Form

Name: _____

Nickname Preference: _____

Address: _____

Phone: (Please include area code)

H: _____

W: _____

Cellular Phone: _____

Fax: _____

Personal Email: _____

Local Board: _____

Board Assistant: _____

Local Board Address: _____

Spouse: _____

Board Member's DOB: _____ (Birth year needed for insurance purposes.)

When first elected (Local): _____

Occupation/Profession: _____

Is there an interest outside your job/profession where you have expertise? Yes No

If yes, what: _____

If there is a statewide committee or advisory panel that could benefit from your professional and/or interest area expertise, would you be willing to serve if appointed? Yes No

