

**NORTH CAROLINA SCHOOL BOARDS ASSOCIATION**  
**2024/2025 BOARD OF DIRECTORS**  
*Information Form*

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Name: \_\_\_\_\_

Nickname Preference: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (Please include area code)

C: \_\_\_\_\_ W: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Local Board: \_\_\_\_\_

Board Assistant: \_\_\_\_\_

Local Board Address: \_\_\_\_\_

Spouse: \_\_\_\_\_

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

When first elected (Local): \_\_\_\_\_

Next election: \_\_\_\_\_

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

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