NORTH CAROLINA SCHOOL BOARDS ASSOCIATION 2021/2022 BOARD OF DIRECTORS

Information Form

Name:	
Nickname Preference:	
Address:	
Phone: (Please include area code)	
H: W:	
Cellular Phone: Fax:	
E-mail:	
Local Board:	
Board Assistant:	
Local Board Address:	
Spouse:	
Board Member's DOB: (Birth year needed for insurance purp	oses.)
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

