



NJSBA OFFICER APPLICATION – SPECIAL ELECTION

Please supply complete information as requested in all categories. The application must be printed in ink, typed or computer generated. Additional sheets may be used if necessary.

DEADLINE: September 23, 2005

MAIL TO: Chairperson, NJSBA Nominating Committee
New Jersey School Boards Association
413 West State Street, P.O. Box 909, Trenton, NJ 08605-0909

Applications must be sent certified mail, return receipt requested. Applicants must have completed one full term as a board member prior to his/her election to office.

I am applying for the position of president (Term ends May 20, 2006).

Name _____
(first) (middle) (last)

Home Address: Street _____

City _____ State _____ Zip + 4 _____

Phone: Home () _____ Office () _____

Board _____ Type of Board _____

County _____ Length of Service on Board _____ Term Expiration _____

Local Board Positions/Committees and Dates of Service: _____

County Level Positions/Committees and Dates of Service: _____

State Level Positions/Committees and Dates of Service: _____

Education: _____

Current Employment: _____

Qualifications/Interest for the Office for Which You Have Applied: _____

Signature _____

If you wish to expand on any of these items, continue below or use additional sheet. _____
