

# School District/Board Member Changes

Name of District: \_\_\_\_\_

Who is new? (Please fill out a page per person that applies)

Superintendent       Administrative Assistant       Board Member

Name of person who left? \_\_\_\_\_

<b>New person's contact information</b>
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Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Please fax to NMSBA at (505) 983-2450**

**Thank you for helping us keep current with our contact information!**