

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? _____

New person's contact information

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!