

**NEW MEXICO SCHOOL BOARD MEMBER INFORMATION**

**PRESIDENT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_  
Cell : \_\_\_\_\_ e-mail: \_\_\_\_\_  
\*Date 1<sup>st</sup> elected: \_\_\_\_\_ \*\* Term expires: \_\_\_\_\_

**VICE-PRESIDENT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_  
Cell : \_\_\_\_\_ e-mail: \_\_\_\_\_  
\*Date 1<sup>st</sup> elected: \_\_\_\_\_ \*\* Term expires: \_\_\_\_\_

**SECRETARY**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_  
Cell : \_\_\_\_\_ e-mail: \_\_\_\_\_  
\*Date 1<sup>st</sup> elected: \_\_\_\_\_ \*\* Term expires: \_\_\_\_\_

\*Date first elected as board member on your board      \*\*Year current term expires  
Work number will be published in the NMSBA Directory unless you indicate otherwise.  
If work number is not given the home number will be published.

**School District:** \_\_\_\_\_  
**School Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**School website:** \_\_\_\_\_  
**Superintendent Name:** \_\_\_\_\_  
**Superintendent e-mail:** \_\_\_\_\_  
**Supt. Sec'y Name:** \_\_\_\_\_  
**Supt. Sec'y e-mail:** \_\_\_\_\_  
**When does your school board meet? (example: 2<sup>nd</sup> Tues & Thurs)**  
\_\_\_\_\_

**MEMBER**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_  
Cell: \_\_\_\_\_ e-mail: \_\_\_\_\_  
\*Date 1<sup>st</sup> elected: \_\_\_\_\_ \*\*Term expires: \_\_\_\_\_

**MEMBER**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_  
Cell: \_\_\_\_\_ e-mail: \_\_\_\_\_  
\*Date 1<sup>st</sup> elected: \_\_\_\_\_ \*\*Term expires: \_\_\_\_\_

**MEMBER**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_  
Cell: \_\_\_\_\_ e-mail: \_\_\_\_\_  
\*Date 1<sup>st</sup> elected: \_\_\_\_\_ \*\*Term expires: \_\_\_\_\_

**MEMBER**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
P.O. Box \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_  
Cell: \_\_\_\_\_ e-mail: \_\_\_\_\_  
\*Date 1<sup>st</sup> elected: \_\_\_\_\_ \*\*Term expires: \_\_\_\_\_

**Return Form to:**  
**New Mexico School Boards Association**  
**300 Galisteo Street, Suite 204**  
**Santa Fe, NM 87501**  
**Phone: (505) 983-5041 Fax: (505) 983-2450**