

MASC OFFICERS NOMINATION FORM

NAME: _____

ADDRESS: _____

NUMBER OF YEARS ON SCHOOL COMMITTEE: _____

TELEPHONE NUMBER: HOME () _____ WORK () _____

OFFICE FOR WHICH NOMINATION IS BEING MADE: _____

NOMINATION IS BEING MADE BY: Nominating Committee _____ School Committee _____

Division Officer _____ Nominee _____

PLEASE STATE YOUR REASONS FOR PLACING NAME IN NOMINATION:

SCHOOL COMMITTEE ACTIVITIES: please list all pertinent information including any office(s); sub-committees; leadership roles.

MASC ACTIVITIES: please include committee and year(s) served, as well as any other representation on behalf of MASC.

COMMUNITY ACTIVITIES:

ANY OTHER INFORMATION YOU FEEL WOULD BE HELPFUL TO THE NOMINATING COMMITTEE:
(i.e., occupation, accomplishments, education, etc.)

Signature of Nominee: _____

Signature of person placing name in nomination
(school committee chairman, if by vote of a school committee) _____

Date: _____

Please forward one copy to:

MASC Office
c/o Nominating Committee and to
One McKinley Square #2
Boston, MA 02109

Joseph Santos, Chair
3 Brimfield Street
Ludlow, MA 01056