

MASC Member Registration by District Administrative Assistants

NEW MEMBER INFORMATION

*Fields marked with an * are required.*

Member First Name* _____ Middle Initial _____

Last Name* _____

Member Email* _____

Member District* _____

Home Phone _____ Work Phone _____

Cell or Alternate Phone _____

Mailing Address* _____

City* _____ State* _____ Zip Code* _____

MEMBER TYPE

- School Committee Member School Committee Chair
 School Committee Vice Chair School Committee Secretary

TERM INFORMATION

Current Term Begins (MM/YY) _____ Year First Elected (YYYY) _____

Term Ends (MM/YY) _____

Name of Member being Replaced _____