



COUNTY INFORMATION SHEET

Please complete this **2023-2024 NDSBA County Information Sheet** by **Friday, July 28, 2023**, and return to:

EMAIL: taylor.lassiter@ndsba.org

FAX: (701) 258-7992

ADDRESS: North Dakota School Boards Association, 1224 West Owens Ave., Bismarck, ND 58501

COUNTY NAME: _____

PHONE: _____ FAX: _____

MAILING ADDRESS: _____

CITY: _____ COUNTY: _____

STATE: _____ ZIP (9-digit): _____

COUNTY CONTACT INFORMATION

ADMINISTRATOR'S NAME: _____

E-MAIL: _____ NEW ADMINISTRATOR

BUSINESS MANAGER'S NAME: _____

E-MAIL: _____ NEW BUSINESS MANAGER

BUSINESS MANAGER'S ADDRESS (If different): _____

PERTINENT COUNTY DISTRICT INDIVIDUALS (2023-24 school year): Please indicate the **complete, current mailing addresses** including street number, route, box, 9-digit zip code, etc. of each board member. *(If the current mailing address is not in this format, all mail will be returned by the post office as undeliverable.)* Your district email addresses will allow NDSBA to provide vital communication to these individuals. Please take a moment to **verify, and include all available email addresses.**

1. TITLE: _____ MR. MS. _____ NEW

HOME ADDRESS (Rte., Box, St.): _____

PHONE: W _____ H _____ C _____

CITY: _____ ST: _____ ZIP (9 digit): _____

E-MAIL: _____

2. TITLE: _____ MR. MS. _____ NEW

HOME ADDRESS (Rte., Box, St.): _____

PHONE: W _____ H _____ C _____

CITY: _____ ST: _____ ZIP (9 digit): _____

E-MAIL: _____

3. TITLE: _____ MR. MS. _____ NEW

HOME ADDRESS (Rte., Box, St.): _____

PHONE: W _____ H _____ C _____

CITY: _____ ST: _____ ZIP (9 digit): _____

E-MAIL: _____

4. TITLE: _____ MR. MS. _____ NEW
HOME ADDRESS (Rte., Box, St.): _____
PHONE: W _____ H _____ C _____
CITY: _____ ST: _____ ZIP (9 digit): _____
E-MAIL: _____

5. TITLE: _____ MR. MS. _____ NEW
HOME ADDRESS (Rte., Box, St.): _____
PHONE: W _____ H _____ C _____
CITY: _____ ST: _____ ZIP (9 digit): _____
E-MAIL: _____

6. TITLE: _____ MR. MS. _____ NEW
HOME ADDRESS (Rte., Box, St.): _____
PHONE: W _____ H _____ C _____
CITY: _____ ST: _____ ZIP (9 digit): _____
E-MAIL: _____

7. TITLE: _____ MR. MS. _____ NEW
HOME ADDRESS (Rte., Box, St.): _____
PHONE: W _____ H _____ C _____
CITY: _____ ST: _____ ZIP (9 digit): _____
E-MAIL: _____

7. TITLE: _____ MR. MS. _____ NEW
HOME ADDRESS (Rte., Box, St.): _____
PHONE: W _____ H _____ C _____
CITY: _____ ST: _____ ZIP (9 digit): _____
E-MAIL: _____

REMEMBER TO SAVE AND PRINT A COPY OF THIS FORM.

PLEASE RETURN TO THE NDSBA OFFICE BY FRIDAY, July 28, 2023

EMAIL: taylor.lassiter@ndsba.org

FAX: (701) 258-7992

ADDRESS: North Dakota School Boards Association, 1224 West Owens Ave., Bismarck, ND 58501

Please Note: This is not the Policy Services Membership Form. You will receive a separate email with that registration attached!