

## Massachusetts Association of School Committees, Inc.

One McKinley Square, Boston, Massachusetts 02109 (617) 523–8454 (800) 392–6023 fax: (617) 702–4111 www.masc.org Mildred Lefebvre, President Glenn Koocher, Executive Director

DATE: March 22, 2024

TO: All School Committee Members and MASC Life Members

FROM: Mildred Lefebvre

SUBJECT: Nominations for MASC Office, 2024

The Massachusetts Association of School Committees Nominating Committee is seeking candidates for MASC offices to be placed in nomination for election by the 2024 Delegate Assembly.

## NOMINATING PROCEDURES FOR MASC OFFICE

- 1. Names for consideration as nominees may be submitted to the Nominating Committee by:
  - a. Any member of the Nominating Committee
  - b. Any Division Officer
  - c. Any member school committee
  - d. The candidate him/herself
- 2. The person to be considered for nomination shall complete the enclosed form and forward two copies to: The Nominating Committee, c/o MASC, One McKinley Square, 2nd Floor, Boston, MA 02109.
- 3. All applicants for MASC office shall be invited to be interviewed by the Nominating Committee. Reasonable expenses will be paid in accordance with the established travel reimbursement policy of MASC.

Candidates are being sought for the offices of President-Elect, Vice President and Secretary/ Treasurer.

All nominations must be received by June 1, 2024 to be considered by the Nominating Committee.

## **MASC OFFICERS NOMINATION FORM**

NAME:		
ADDRESS:		
NUMBER OF YEARS ON SCHOOL COMMI	ITTEE:	
TELEPHONE NUMBER: HOME	WORK _	
CELL PHONE:	EMAIL: _	
OFFICE FOR WHICH NOMINATION IS BEI	ng made:	
NOMINATION IS BEING MADE BY: Nomi		
Division Officer	Nominee	
PLEASE STATE YOUR REASONS FOR PLAC	Ing name in nomina	TION:
SCHOOL COMMITTEE ACTIVITIES: please logommittees; leadership roles.	·	on including any office(s); sub-
NAACC ACTIVITIES I I I I I I I I I I I I I I I I I I		
MASC ACTIVITIES: please include committe on behalf of MASC.	e and year(s) served, as w	vell as any other representation

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)
Date:
Please forward two copies to:

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