

MSBOA MEMBER EMERITUS NOMINATION FORM

Candidate Information:

District Nominating _____

Name _____ **Address** _____

City _____ **State** _____ **Zip** _____

Phone () _____ **Email Address** _____

Years of teaching/supervising: _____
Michigan _____ Other states _____

Years of membership in MSBOA: _____ **Name Districts and Years:** _____

MSBOA Offices held and years:

Committee Assignments and years:

Festival Participation with students:

Service as host chair for MSBOA festival and years :

Other Information regarding service to MSBOA:

List membership in other music organizations and years (include membership in band and orchestra associations from other states if applicable) _____

List briefly the highlights of the candidate's teaching career:

List any extenuating circumstances that may have caused this candidate to fail to meet all requirements:

Name of person submitting this application: _____

District disposition: Approved _____ **Not Approved** _____ **Date** _____

Name of District Officer: Name _____ **Signature** _____

State disposition Approved _____ **Not Approved** _____ **Date** _____

Signature of Emeritus/Honorary Chair _____

Return completed form to:

MSBOA State Office
3965 Okemos Rd. Suite A-3
Okemos, MI 48864