



**BOARD OF DIRECTORS
NOMINATION FORM**

SECTION I: PERSON PROVIDING RECOMMENDATION

AGENCY NAME
(if applicable): _____ TITLE (if applicable): _____
NAME: _____
ADDRESS: _____
PHONE #
(Preferred): _____
EMAIL: _____

SIGNATURE: _____ DATE: _____

SECTION II: PRIMARY BOARD MEMBER NOMINEE

AGENCY NAME
(if applicable): _____ TITLE (if applicable): _____
NAME: _____
ADDRESS: _____
PHONE #: HM: _____ CELL: _____ WORK: _____
EMAIL: _____

SECTION III: ALTERNATE MEMBER NOMINEE

AGENCY NAME
(if applicable): _____ TITLE (if applicable): _____
NAME: _____
ADDRESS: _____
PHONE #: HM: _____ CELL: _____ WORK: _____
EMAIL: _____

Mail To:
STAR Transit
Attn: Teresa Elliott
P.O. Box 703
Terrell, TX 75160

Email to:
Telliott@STARtransit.org

Fax to:
Attn: Teresa Elliott
972-563-0048

Website:
www.STARtransit.org