



Michigan Association for Pupil Transportation

6250 W. Michigan Avenue Suite A -- Lansing, MI 48917

www.mapt.org

Phone: 517-886-0881

FAX: 517-886-0882

2016 MAPT Board Nomination Form for the Offices of:

President-Elect, a one year term.

QUALIFICATIONS:

- MAPT member for at least 2 years.
- Attended one of the last two annual conferences.
- Serve on the MAPT **Executive Board** or as a **committee chair** sometime during the immediate preceding three years prior to nomination or by serving at least two years as an active **regional representative**.
- Ability to direct groups and provide direction to an organization dedicated to pupil transportation safety and professionalism.

Three Year Director, a three-year term.

QUALIFICATIONS:

- Member of MAPT.
- Attend one of the last two annual conferences.
- Interest and willingness to serve.

Please Mail, E-mail or Fax nominations to:
 Cindy Bourdon
 Dean Transportation/Muskegon
 PS
 1800 E. Laketon Ave.
 Muskegon, MI 49442
cynthiab@deantrans.com
 Phone: 231-720-3167

The Committee will request a letter of support of candidacy from the superintendent/supervisor of those persons who are approved. You may include that letter with your nomination, but it is not necessary. The committee will contact the school district/company as part of its candidate approval function.

The Directorship position will require three years of service at the state level, a possible committee chairmanship, and at least one meeting per month, usually in Lansing. For specific Description of Duties, refer to MAPT Bylaws, or call the MAPT office at (517) 886-0881.

Please use the form below for your nominations. **REMEMBER—MAIL NOMINATIONS EARLY!**

Committee Chair: Cindy Bourdon, Immediate Past President, Dean Transportation, Inc. / Muskegon Public Schools

MAPT Nomination for: ___ President-Elect ___ Three Year Director

Print Name: _____ Signature: _____

District: _____ Supervisor or Superintendent: _____

Address: _____ Phone: _____

Committee(s) served on: _____

- MAPT Member Agrees to serve Has superintendent's or business office's permission

Nominated by: _____ Signature: _____

District: _____ Phone: _____