

**TSPMA LIFETIME MEMBER
NOMINATION FORM**

Date _____
Name of Person Submitting Recommendation _____
Title _____ Email _____
Phone# _____
Person Recommended for TSPMA Lifetime Membership _____
School System Retired From _____
Years in School System _____ Years in Other School Systems _____
School System's Name _____

Qualifications for Receiving Lifetime Membership - See TSPMA By-Laws

Submitted by (Signature) _____
NOMINATION MUST BE RECEIVED BY APRIL 1ST

Email Nomination To: debbiegshedden@att.net
or

Mail To:
Debbie Shedden
PO Box 455
Rogersville, TN 37857