



Business and Corporate Membership Form

626C Admiral Drive, Suite 723
Annapolis, Maryland 21401
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Please Complete Part A OR Part B; AND Parts C & D

NEW RENEWAL / MEMBERSHIP NUMBER: _____

PART A. BUSINESS ASSOCIATE MEMBER Dues are \$100. All dues are for our fiscal year (July 1 – June 30) and are not prorated.

Business Name: _____

Representative: _____ Title: _____

Address: _____ City/State: _____ Zip code: _____

Telephone #: () _____ Fax # () _____ E-Mail Address: _____

Web Address: _____

PART B. CORPORATE MEMBER INFORMATION: Corporate Members may name up to (5) individuals authorized to represent the Corporation. Dues are \$500. Dues are for fiscal year (July 1 - June 30) and are not pro-rated.

Corporate Name: _____

Primary Contact: _____ Title: _____

Address: _____ City/State: _____ Zip code: _____

Telephone #: () _____ Fax # () _____ E-Mail Address: _____

Web Address: _____

REPRESENTATIVES (Up to 4 additional): Name/Title/Email/Phone

Name	Title	Email Address	Phone <small>Include Area Code</small>

Part C. Select Primary Area(s) of Interest: If more than one, please number choices in priority order.

- School Facilities
- Human Resources
- School Food & Nutrition Services
- Admin & Fiscal
- Purchasing
- Pupil Transportation
- Safety/Security & Risk Management
- Information Technology

Part D. Payment: Payment Options: Check: Make Checks Payable to ASBO MD&DC

or
Select only one Credit Card: Visa MasterCard AmEx

Name on Card _____ PHONE NUMBER: (____) _____
(PLEASE PRINT NAME AS IT APPEARS ON CARD)

Credit Card # _____ Expiration Date: ____/____/____ CSV _____

Billing Address: _____

City State ZipCode

Email address of cardholder _____

Authorized Signature: _____

Authorized signature required on all credit card transactions

For questions or more information contact us via email at asbo@asbo.org

Please return form with payment to: ASBO MD&DC 626C Admiral Dr., Suite 723 Annapolis, MD 21401

Professional Development is OUR Business
An Affiliate of ASBO International