

ASBO MD/DC MEMBERSHIP DATA FORM

_____ NEW _____ RENEWAL

DATE: _____

(Please complete Part A or Part B and Part C)

Part A. Individual Member Information (Voting Members) :

Individual Membership for Active School Business Administrators (in Public or Private Schools) or Educational (non profit) Organizations = \$60; Emeritus Members = \$25; Business Associate Members = \$100). All dues are for the fiscal year, July 1 – June 30. Dues are not prorated.

Dr. Mr. Ms. Mrs. (circle one) _____

Employed By: _____ Position Title: _____

Work Address: _____ City/State: _____ Zipcode: _____

Work Phone: _____ Fax: _____

E-Mail Address: _____

Home Address (optional): _____

Home Phone: (optional) _____ Cell Phone (optional) _____

Section Selection: Indicate section interest. If more than one, please number choices in priority order.

___ Admin and Fiscal ___ Emeritus ___ Information Technology ___ Human Resources
___ Pupil Transportation ___ Purchasing ___ Safety/Security& Risk Mgmt ___ School Facilities
___ School Food & Nutrition Services

Part B. Corporate Member Information (Non-Voting) :

Corporate Members are Business Entities. Each may name up to five (5) individuals who are authorized to represent the corporation. Dues = \$500. Dues are for a fiscal year (July 1 – June 30) and are not prorated.

Corporate Name: _____

Address: _____ City/State: _____ Zipcode: _____

Telephone #: _____ Fax #: _____

E-Mail Address: _____ Web Address: _____

Representatives (up to 5): _____

Part C. Payment:

Please make checks payable to: **ASBO MD & DC**. We also accept VISA, MasterCard or American Express. To pay by credit card, please provide the following information:

Card Type: _____ Card Number: _____

Expiration Date: _____ Name on Card: _____

Please return, with payment, to:

ASBO MD&DC
P.O. Box 943
Rockville, MD 20848