



# Business and Corporate Membership Form

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: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Web Address: \_\_\_\_\_

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

Corporate Name: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Web Address: \_\_\_\_\_

**REPRESENTATIVES (Up to 4 additional):**

Name Title Email Address Phone (incl. area code)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 Options:**

Check:  (make checks payable to ASBO MD&DC)  
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 Zip Code

Email address of cardholder: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Authorized signature required on all credit card transactions

**Please return form with payment to: ASBO MD&DC, 1200-C Agora Drive #241, Bel Air, MD 21014-6865**

**WWW.ASBO.ORG**

**Jeff LaPorta, Executive Director: jlaporta@asbo.org**

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