



Membership Application/Renewal

MEMBERSHIP TYPE: GENERAL INDIVIDUAL EMERITUS: HONORARY EDUCATIONAL ASSOCIATE
(COMPLIMENTARY)

NEW RENEWAL MEMBER NUMBER (IF APPLICABLE) _____

All dues are for our fiscal year (July 1 – June 30) and are not prorated

**PART A. MEMBER Individual Membership for Active School Business Administrators (in Public or Private Schools) or Education Associates: \$60
Emeritus Membership: \$25 | Honorary Memberships: Complimentary**

Name: Dr / Mr /Ms /Mrs _____

Affiliation (School District, etc.): _____

Title: _____

Address: _____

City/State: _____ Zip code: _____

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

Optional: Alternate Contact Information (e.g. home address, home phone, etc.)

Address: _____

City/State: _____ Zip code: _____

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

Part B. Select Primary Area of Interest: If more than one, please number choices in priority order.

- School Facilities Human Resources Food & Nutrition Services Administrative & Fiscal
- Purchasing Pupil Transportation Safety/Security & Risk Mgmt. Information Technology

PART C. PAYMENT:

Payment Check: Make Checks Payable to **ASBO MD&DC**

Options Purchase Order: **PO #** _____

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 Zip Code

Email address of cardholder _____

Authorized Signature: _____

Authorized signature required on all credit card transactions

If you are interested in serving on a committee or in another leadership position, or if you need more information, contact Jeff LaPorta, Executive Director, at jlaporta@asbo.org.

- Committees:** Financial Oversight Exhibits Conference Arrangements Scholarships Professional Development
Budget Awards Membership & Outreach Technology Planning & Development

General Membership application or renewal, please return this form to the ASBO Liaison for your organization.
All others, please return, with payment, to: **ASBO MD&DC, 1200-C Agora Drive, Suite 24, Bel Air, MD 21014**
You can also join and pay by credit card online by visiting our website at www.asbo.org