

MEMBERSHIP APPLICATION

I. Membership Information (Please type or print)

Name _____
Prefix First Middle Last Suffix

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____ Mobile Phone _____

Fax _____ Email _____

Individual Active Member (i.e. school personnel) Business Associate Member (i.e. vendor)

*As a member of AASBO, you will receive communications via email to keep you informed of current issues, classes, workshops, conferences and other benefits of AASBO membership.

II. Job Classification

Areas of Responsibility (applies to Individual Membership only)

- | | | | | |
|---|---|---------------------------------------|---|---|
| <input type="checkbox"/> Accounting & Finance | <input type="checkbox"/> Internal Audit | <input type="checkbox"/> Management | <input type="checkbox"/> Risk Management | <input type="checkbox"/> School Nutrition |
| <input type="checkbox"/> Governmental Relations | <input type="checkbox"/> Leadership Issues | <input type="checkbox"/> Payroll | <input type="checkbox"/> Student Activities/Auxiliary | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Maintenance & Operations | <input type="checkbox"/> Personnel/HR | <input type="checkbox"/> Purchasing & Supply Management | |

Business Associate (Vendor) Member (applies to Business Associate Membership only)

- | | | | | |
|---|---|---|---|--|
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Audit Firm | <input type="checkbox"/> Bond Services | <input type="checkbox"/> Buses | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Custodial Services | <input type="checkbox"/> Design | <input type="checkbox"/> Employee Benefits | <input type="checkbox"/> Energy |
| <input type="checkbox"/> Fire Intercom/Security | <input type="checkbox"/> Food Services | <input type="checkbox"/> Furniture | <input type="checkbox"/> Insurance | <input type="checkbox"/> Investment Services |
| <input type="checkbox"/> Leasing Services | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Maintenance & Operations | <input type="checkbox"/> Modular Buildings | <input type="checkbox"/> Office Equipment |
| <input type="checkbox"/> Office Supplies | <input type="checkbox"/> Playground Equipment | <input type="checkbox"/> Technology | <input type="checkbox"/> Telephone Services | <input type="checkbox"/> Other |

III. Dues & Payment Information

**Membership dues are \$120 for a 12-month period. Benefits begin when full payment is received. Make checks payable to: AASBO, 2100 N. Central Avenue, Suite 202, Phoenix, AZ 85004; or if using a credit card: fax to (602) 253-5764. Purchase orders are not accepted for dues payments.

Cardholder's Name _____

Check Enclosed MasterCard Visa American Express Discover Amount: \$120.00

Card Number _____ Exp. Date _____

V # (3 digits on back of card) _____

Billing Address _____

Name of Person Giving Authorization _____

Phone _____ Fax _____ Email _____

Signature of Applicant _____ Date _____



AASBO
Arizona Association of
School Business Officials