

MEMBERSHIP/RENEWAL APPLICATION



Association of School Business
Officials International

Please supply the information below:

Ms. Mrs. Mr. Ph.D. Ed.D. Other _____

Name: _____

Title: _____

School/Business: _____

Address: _____

City: _____

State/Province: _____

ZIP/Postal Code: _____

Phone: _____

Fax: _____

E-Mail: _____

Professional Interest Area

Please select the three professional interest area(s) that most apply to your current responsibilities and interests. Based on your selections, ASBO will send you news and information and invitations to education programs related to your interest area(s). Please select three areas only.

- | | |
|--|---|
| <input type="checkbox"/> Accounting, Auditing, and Budgeting | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Environmental Aspects | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Facilities Management, Maintenance and Construction | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Legislative Affairs |
| <input type="checkbox"/> Food Services | <input type="checkbox"/> Leadership Development |
| <input type="checkbox"/> Human Resources (includes payroll/benefits) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Purchasing | |

What ASBO Programs are you interested in? (Select three)

- | | |
|---|---|
| <input type="checkbox"/> Annual Meeting | <input type="checkbox"/> Publications |
| <input type="checkbox"/> Budget Development | <input type="checkbox"/> Recognition |
| <input type="checkbox"/> Certification | <input type="checkbox"/> Regional Workshops |
| <input type="checkbox"/> Leadership Development | <input type="checkbox"/> Web |
| <input type="checkbox"/> Networking | <input type="checkbox"/> Webcasts/Podcasts |
| <input type="checkbox"/> News and Information | |

Please check years in school business:

- | | |
|--|---|
| <input type="checkbox"/> Less than 2 years | <input type="checkbox"/> 11–15 years |
| <input type="checkbox"/> 2–5 years | <input type="checkbox"/> 16–20 years |
| <input type="checkbox"/> 6–10 years | <input type="checkbox"/> 21–25 years |
| | <input type="checkbox"/> More than 25 years |

What professional goal(s) do you have for the next year?

Please select payment method:

For detailed benefits and category definitions please visit our Web site at www.asbointl.org or call Theresa Boulware at 866/ 682-2729 x7080.

- ACTIVE INDIVIDUAL ACTIVE SCHOOL

Membership Dues: \$190

- Check or Money Order Enclosed
(Please make checks payable to ASBO International.)
- Invoice School Invoice Me

Credit Card:

- Visa MasterCard American Express

Name on Card: _____

Exp. Date: _____

Card No.: _____

Signature: _____

Dues cover a 12-month period. Benefits begin when full payment is received. Payment must be in U.S. dollars. Dues include a \$70 subscription to *School Business Affairs* magazine and a \$30 subscription to *Accents Online* newsletter.

Please mail or fax form to ASBO International,
Membership Services or call Theresa Boulware
at 866/682-2729 x7080.

ASBO International
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