

**MISSOURI ASSOCIATION OF SCHOOL BUSINESS OFFICIALS  
MEMBERSHIP APPLICATION FOR EDUCATORS  
(ACTIVE, EDUCATIONAL, & EMERITUS)**

Name : (Dr., Mr., Mrs., Ms.) \_\_\_\_\_

School District: \_\_\_\_\_ Job Title: \_\_\_\_\_

Office Address: Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**As a part of the membership process, please check the appropriate category and respond to the committee question:**

***Membership Category:***

\_\_\_ Active Member \$50.00 \_\_\_ Educational Member \$50.00 \_\_\_ Emeritus Member (Retired) \$15.00

Active – currently employed by a school district Educational- Employed by a college/university or non-profit educational organization

***Committees:***

I am interested in serving on a MoASBO Committee: Yes  No

Please check all that apply:

\_\_\_ Membership \_\_\_ Legislative \_\_\_ Constitution & By-laws \_\_\_ Ad Hoc  
\_\_\_ Retirement \_\_\_ Spring Workshop \_\_\_ Audit \_\_\_ Resolution & Recognitions

**Payment Options:** Visa MasterCard or Check Enclosed Check No. \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code \_\_\_\_\_

Authorization Total Amount: \_\_\_\_\_ Date \_\_\_\_\_

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

***Payment must accompany application payable to MoASBO. Send to:***

Mr. Mark Leech, Executive Director  
203 Prairie Ridge Drive  
Hermann, MO 65041

Phone/Fax 573-252-4879 Email mleech@moasbo.org

Dues are payable July 1 of each year. MoASBO operates on a fiscal year of July 1 – June 30.

Office use only: Received \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_