

MISSOURI ASSOCIATION OF SCHOOL BUSINESS OFFICIALS
BUSINESS MEMBERSHIP APPLICATION
(BUSINESS ASSOCIATE MEMBERS)

Dues for Business Associate Members: \$75.00

Name: (Mr. Mrs, Ms.) _____
Company Name: _____ Job Title _____
Business Address:
Street _____
City, State, Zip _____
Phone #.: _____ Fax #: _____
Email Address: _____

As a part of the membership process, please respond to the following items:

A. Provide a short description of your business: _____

B. Are you presently doing business with any school districts? Yes No

 Please list those districts: _____

C. If contacted, would the districts listed provide a reference? Yes No

D. If required, are you licensed to do business in the state of Missouri? Yes No

E. Why should MoASBO accept your application for membership? _____

F. What is your expectation for belonging to this organization? _____

Payment Options: Visa MasterCard Check Enclosed

Check No. _____ Card Holder's Name: _____

Account Number: _____ Expiration Date: _____

Authorization Total Amount _____ Date _____

Signature: _____

Check 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 # _____