

**MISSOURI ASSOCIATION OF SCHOOL BUSINESS OFFICIALS
BUSINESS ASSOCIATE MEMBERSHIP APPLICATION
2010-2011**

Name : (Dr., Mr., Mrs., Ms.) _____

Company Name: _____ Job Title: _____

Business Address: Street _____

City, State, Zip _____

Phone #: _____ Fax #: _____

Email Address: _____

If this is the first time you have applied for membership please respond to the following items:

Provide a short description of your business:

If required, is your company licensed to do business in Missouri? Yes No

Are you currently doing business with any Missouri school districts? Yes No

If the answer above is yes, please attach a list districts that will provide references for your company

Check Enclosed **Payment Options (Dues are \$75.00 per member)**
Check No. _____

Visa or Master Card 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
3550 Amazonas Drive
Jefferson City, MO 65109

Phone – 573-644-7900 Fax -573-556-6270 Email mleech@moasbo.org

MoASBO 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 # _____