



MEMBERSHIP APPLICATION / DUES RENEWAL FORM 2009-10

(please print or type)

Name: Mr. / Ms. / Dr. _____

Nickname: _____

Title: _____

School Division / Firm: _____

Address: _____

City, State, Zip: _____

Telephone (office): _____ **Fax:** _____

Email Address: _____

Certification: RSBA RSBO VRSBA VRSBO
 Other _____

New Member: Yes No

FY 2009-2010 VASBO Dues – Vendor member (July-Feb. 15) \$100 _____

FY2009–2010 VASBO Dues - Individual member (School Official) \$ 25 _____

SASBO Annual Dues (Individual regional membership) \$ 10 _____

ASBO Dues (Individual national membership) \$190 _____

TOTAL REMITANCE _____

Check enclosed Please make the check payable to VASBO.

Pay by credit card Type of Card: Visa MC American Express
Number: _____ Exp Date: _____
Name on Card: _____ Security Code: _____

Mail to: John R. Melleky, CFRE
Virginia Association of School Business Officials
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Richmond, VA 23255
Phone (804) 756-1791 or 756-1793
Fax (804) 756-1794
Email: jmelleky@vasbo.org