CORPORATE MEMBERSHIP/ RENEWAL APPLICATION

CORP 12

Please supply the information below

❑ Ms. ❑ Mrs. ❑ Mr. ❑ MBA ❑ Ph.D. ❑ Ed.D. ❑ Other_____

Name:

Title:

Business:

Address:

City: State/Province: ZIP/Postal Code:

Country: Phone:

Fax: Email:

Number of sales offices in North America:

Professional Interest Area

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

- ❑ Product Sales
- ❑ Product Marketing
- ❑ Research and Development
- ❑ Client Development and Retention
- ❑ Exhibits Management
- ❑ Customer Relations
- ❑ Investor Relations
- ❑ Project Finance
- ❑ Contract/ Legal
- ❑ Executive Office

What kind of K–12 products are you marketing? Please select up to five.

- ❑ Business Services
- ❑ Educational Materials / Instruction
- ❑ Equipment / Furniture
- ❑ Facilities
- ❑ Fine Arts / Physical Education / Athletics
- ❑ Food / Health
- ❑ HR / Accounting
- ❑ Management / Administration
- ❑ Safety / Security
- ❑ Technology / Communications
- ❑ Transportation

Your company's annual earnings from the K–12 education market (U.S. dollars)

- ❑ Just starting
- ❑ $1 – 5 million
- ❑ $6 – 20 million
- ❑ $21 – 50 million
- ❑ $51 – 100 million
- ❑ Over $100 million

Additional Opportunities

- ❑ Please send information on exhibiting and sponsorship opportunities with ASBO.
- ❑ Please send information on advertising with ASBO.

Please select membership level

- ❑ **1 Corporate Membership** $ 370
- ❑ **3 Corporate Memberships *** $ 820
- ❑ **5 Corporate Memberships *** $1,150

** Please send ASBO complete contact information for each membership.*

Please select payment method

Total Amount Due: $

❑ Check or Money Order Enclosed

(Please make checks payable to ASBO International.)

❑ Invoice me directly

❑ Invoice our accounting office (please provide contact name and address):

Credit Card: ❑ Visa ❑ MasterCard ❑ American Express

Name on Card:

Card No.:

Exp. Date:

Signature:

Non-refundable dues cover a 12-month period. Benefits begin when full payment is received. Payment must be in U.S. dollars.