



MICHIGAN SCHOOL BUSINESS OFFICIALS
 1001 Centennial Way • Suite 200 • Lansing, MI 48917
 517.327.5920 • Fax 517.327.0768 • www.msbo.org

Membership Application
 July 1, 2018 - June 30, 2019

STEP 1: Complete the information below

Miss Ms. Mrs. Mr. Dr.
 Name: _____
 Title: _____ MSBO ID: _____
 District/Company: _____
 Address: _____
 City/St/Zip: _____
 PIC (Personal Identification Code): _____

Work phone: _____
 Cell Phone: _____
 Fax: _____
 Email: _____
 First name for badge: _____

My primary job responsibility is: Finance/Business Office Facilities Food Service Human Resources
 (Please only choose one) Public Safety Purchasing Superintendent Technology Transportation

STEP 2: Select Membership Category

ACTIVE MEMBERS

- Active Member** \$147
Employed by a Michigan school, college or university, or state agency; membership remains with member
- Student Member** \$32
Full-time college students not working in a school district
- Emeritus Member** \$32
Retired and former Active MSBO members
- Life/Emeritus Life Member** \$17
Life Member renewals only
- Emeritus Past President** \$0
Past Presidents of MSBO only
- * * * * *
- ASBO Membership** \$230
Active Individual membership in ASBO that extends your ASBO membership for 12 months from its current expiration
- MAPT Membership** \$160
Active Individual membership in MAPT
- MASA e-Leader Subscription** \$30
Includes MASA Morning News

ASSOCIATE MEMBERS

- Employed in a business, not an educational institution*
Associate Memberships include School Purchasing Pages
- Primary Associate Member** \$294
First member from your company; one per company
 - Secondary Associate Member** \$147
Subsequent members from your company
 - Contract Associate Member** \$147
Not directly employed by a school; working in the capacity of an active member

- * * * * *
 I would like be on the following MSBO Listserv(s) for 2018-19:
- Business
 - Facilities
 - Food Service
 - Technology
 - Transportation

TOTAL DUE \$ _____

STEP 3: Provide payment information

Payment enclosed No payment required Purchase order # _____ (copy attached)
 Please charge my: VISA MC Amex Card # _____
 Expiration Date _____ CSV Code _____ Name as it appears on card _____

Billing Address _____

Signature as it appears on card _____

STEP 4: Return to MSBO

Fax to 517/327-0768; mail to MSBO, 1001 Centennial Way, Suite 200, Lansing, MI 48917-8249; or email Lrapelje@msbo.org. Direct questions to Lillie Rapelje, 517.327.9222.