

ASBO MD/DC MEMBERSHIP DATA FORM
Sponsored Membership

DATE: _____

Sponsored Member Information:

Dr. Mr. Ms. Mrs. (circle one) _____

Employed By: _____ Position Title: _____

Work Address: _____ City/State: _____ Zipcode: _____

Work Phone: _____ Fax: _____

E-Mail Address: _____

Home Address (optional): _____

Home Phone: (optional) _____ Cell Phone (optional) _____

Section Selection: Indicate section interest. If more than one, please number choices in priority order.

Admin and Fiscal Emeritus Information Technology Human Resources
 Pupil Transportation Purchasing Safety/Security & Risk Mgmt School Facilities
 School Food & Nutrition Services

Sponsoring Member Information: I nominate the above to receive a complimentary ASBO membership, beginning January 1, 2012 and ending June 30, 2012

Name of Sponsor: _____ Member Number _____

Employed By: _____ Position Title: _____

Please return to:

ASBO MD&DC
P.O. Box 6602
Lutherville, MD 21094
410-608-0911