



APPLICATION FOR SMALL DISTRICT MEMBERSHIP

- Membership is for one year from the date dues are received.
- The Small District Membership is only available to Illinois districts with a budget of \$15,000,000 or less.
- Small District Membership offers the same benefits of the Basic Membership for three individuals in the same district.

MEMBER 1 INFORMATION *Please type or print clearly*

Name _____ Dr. Mr. Bro. Mrs. Ms. Miss Sr.
(Last) (First) (Middle Initial)

Title _____ School name _____ District # _____

Street _____ City _____ State _____ Zip _____

County _____ Work # (_____) _____ ext. _____ Fax # (_____) _____

Work email address _____ Secretary's name _____

Home address: _____ City _____ State _____ Zip _____

Home # (_____) _____ Home email address _____ IEIN _____

Do you possess the Chief School Business Official (CSBO) endorsement for Illinois? Yes No

What is your highest level of education? Bachelor's Degree Master's Degree Doctorate Degree None of the Above

What year do you anticipate retirement? _____

What best describes your primary role in your district? (Choose One) _____

Superintendent Business Management Finance/Bookkeeper Curriculum/Instruction Technology

Transportation Food Service Support Staff Facilities None of the Above

How many years have you been in this role? _____

My areas of responsibilities include (choose all that apply):

Superintendent Payroll Transportation Security Management Other

School Business Food Service Technology Custodial Management

Bookkeeping Employee Benefits/HR Risk Management Facility Management

MEMBER 2 INFORMATION *Please type or print clearly*

Name _____ Dr. Mr. Bro. Mrs. Ms. Miss Sr.
(Last) (First) (Middle Initial)

Title _____ School name _____ District # _____

Street _____ City _____ State _____ Zip _____

County _____ Work # (_____) _____ ext. _____ Fax # (_____) _____

Work email address _____ Secretary's name _____

Home address: _____ City _____ State _____ Zip _____

Home # (_____) _____ Home email address _____ IEIN _____

Do you possess the Chief School Business Official (CSBO) endorsement for Illinois? Yes No

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What best describes your primary role in your district? (Choose One) _____

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Transportation Food Service Support Staff Facilities None of the Above

How many years have you been in this role? _____

My areas of responsibilities include (choose all that apply):

Superintendent Payroll Transportation Security Management Other

School Business Food Service Technology Custodial Management

Bookkeeping Employee Benefits/HR Risk Management Facility Management

MEMBER 3 INFORMATION *Please type or print clearly*

Name _____ Dr. Mr. Bro. Mrs. Ms. Miss Sr.
(Last) (First) (Middle Initial)

Title _____ School name _____ District # _____

Street _____ City _____ State _____ Zip _____

County _____ Work # (_____) _____ ext. _____ Fax # (_____) _____

Work email address _____ Secretary's name _____

Home address: _____ City _____ State _____ Zip _____

Home # (_____) _____ Home email address _____ IEIN _____

Do you possess the Chief School Business Official (CSBO) endorsement for Illinois? Yes No

What is your highest level of education? Bachelor's Degree Master's Degree Doctorate Degree None of the Above

What year do you anticipate retirement? _____

What best describes your primary role in your district? (Choose One) _____

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 Transportation Food Service Support Staff Facilities None of the Above

How many years have you been in this role? _____

My areas of responsibilities include (choose all that apply):

Superintendent Payroll Transportation Security Management Other
 School Business Food Service Technology Custodial Management
 Bookkeeping Employee Benefits/HR Risk Management Facility Management

PAYMENT: \$340.00

METHOD OF PAYMENT:

PO _____ Check Number _____

Please make all checks payable to: Illinois ASBO

Visa MasterCard Discover AMEX

Card # _____ Exp. Date _____

Print Cardholder's Name _____

Signature _____

Billing Address _____ City _____ State _____ Zip _____

MAIL TO:

Illinois ASBO
 Northern Illinois University (IA-103)
 108 Carroll Avenue
 DeKalb, Illinois 60115

FAX TO:

(815) 516-0184

FOR OFFICE USE:
Check # _____
Amount \$ _____
Date Received ____/____/____
Expiration Date ____/____