# Student Premier Application For Membership

**Please type or print clearly.**

**☐ Dr. ☐ Mr. ☐ Bro. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Sr.**

**Name** _____
(Last) (First) (MI)

**Title** _____

**School /Company Name**

_____

**Street** _____

**City** _____ **State** _____ **Zip**

_____

**Work Phone** _____ **Fax**

_____

**E-mail** _____

**Home Address**

_____

**City** _____ **State** _____ **Zip**

_____

**Home Phone** _____ **Fax** _____

**Personal E-mail**

_____

**☐ I prefer correspondence to my home address and personal e-mail.**

**Membership Category:**
**☐ I am enrolling as a Student Premier – (I will be invoiced at a later date)**

***If you have questions about your membership benefits or payment, please contact Carla Paschal at cpaschal@iasbo.org.***

**Illinois Association of School Business Officials**
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