

# 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](mailto:cpaschal@iasbo.org).*



Illinois Association of School Business Officials

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