

# 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).*



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