



SASKATCHEWAN ASSOCIATION OF SCHOOL BUSINESS OFFICIALS

MEMBERSHIP APPLICATION FORM

NEW MEMBER FEE: \$25.00
2006-07 MEMBERSHIP FEE: \$850.00

Name: _____

Title: _____

School Division: _____

School Division
Address: _____

Please indicate (X) primary role:

<input type="checkbox"/>	CFO	<input type="checkbox"/>	Facilities	<input type="checkbox"/>	Financial
<input type="checkbox"/>	HR/Payroll	<input type="checkbox"/>	Technology	<input type="checkbox"/>	Transportation

Phone: _____ Fax: _____
(work) (home)

E-mail Address: _____

Educational
Background: _____

Brief history of
related work
experience: _____

Please submit application form to:

via mail

Ms. Nadine Meister, Administrative Assistant
Saskatchewan Association of School Business Officials
P.O. Box 674, North Battleford, SK, S9A 2Y9

or fax
(306) 445-2539

or email
nmeister@sasbo.com