

**Monmouth County**  
**Association of School Business Officials**  
Associate Membership Application Form  
*(please print or type)*

Name of Individual: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Name of Firm/Company: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Address of Firm/Company: \_\_\_\_\_

: \_\_\_\_\_

: \_\_\_\_\_

: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

Initial application must be accompanied by letters of sponsorship from two Active MCASBO members. After your initial invoice, you will be invoiced annually in July at the above address for your membership dues. Associate Membership is maintained by the prompt payment of your annual dues.

Membership belongs to the individual, not the firm/company.

**Please e-mail application to Kelly Brazelton at [kbrazelton@ctemc.org](mailto:kbrazelton@ctemc.org) along with the letters from 2 sponsors.**

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY

Sponsors: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Approved Date: \_\_\_\_\_

Application Approved by Active Membership: Yes \_\_\_\_\_ No \_\_\_\_\_