



MASBA Membership Application / Renewal

Individual / School / District Information

Name
Individual, School, ESC, or Company

School District
Enter "n/a" if you are not affiliated with a school district.

Member Type

Are You a New Member?

Contact Information

First Name

Last Name

Street Address

City / State / Zip

Country

Home Phone

E-Mail Address
Your registration confirmation will be e-mailed to this address.

Web Site

School Board Trustees' E-Mail Addresses

In this section, please provide e-mail addresses for all of your school board trustees.

Trustee #1 E-mail address

Trustee #2 E-mail address

Trustee #3 E-mail address

Trustee #4 E-mail address

Trustee #5 E-mail address

Trustee #6 E-mail address

Trustee #7 E-mail address

Trustee #8 E-mail address

Trustee #9 E-mail address

Billing Information

Amount Billed

Payment Type

Purchase Order Number
This field is optional. You may choose to use it if your organization requires a P.O. Number for purchases.

Credit Card Information

Complete this section only if you chose to pay by credit card in the *Payment Type* field above.

Credit Card Number
If applicable

Card Verification Number
(The last 3 or 4 digits of the number printed on the **Back** of your card.)

Expiration Date /

Billing address is the same as Contact address above

Card Holder's Name
(Exactly as it appears on the front of your card)

Billing Address
(As it appears on your monthly statements)

Billing City/State/Zip

Billing Country

Please press the Submit button only once, then wait for the confirmation page before closing your browser.