



T | A | S | B | O

Become a Member!

Form Effective September 1, 2018

CONTACT INFORMATION

Name Title District/Organization Address City State Zip Office Phone Cell Phone Email

ADDITIONAL INFORMATION

Job Function Includes:

- Accounting & Finance, Distribution & Inventory, Information Technology, Instructional Materials, Internal Audit, Maintenance & Operations, Payroll, PEIMS, Personnel, Purchasing & Supply Mgmt, Safety, Security & Risk Mgmt, School Nutrition, Transportation

Please add me to the committee(s) that correspond with my job function: Yes

Other Areas of Interest*: Governmental Relations, Professional Certification

* Board appointed standing committees, learn more at bit.ly/tasbocommittees

Employment Level:

- Senior Leadership, Mid-Level Management, Other Management, Staff, Consultant, Retired

Current Certification Status:

- Currently seeking a TASBO Certification, Have a certification and seeking a higher level, Have a certification and taking CEUs to maintain, Tell me more about certification, Not currently interested

TASBO Mentoring Opportunity: I am interested in being a mentor, I am interested in being a protégé

TASBO Volunteer Opportunities: Yes, I am interested, No, I am not interested

MEMBERSHIP & PAYMENT METHOD

Active memberships are open to employees of K-12 schools and governmental entities. Should there be a staff change at the district, the membership can be transferred to another employee.

- Active (\$135), Student (\$90), Retired (\$45)

Professional Liability Insurance

For active members only. Must be purchased at the time you join or renew. Runs concurrent with membership year.

- Yes, I want to purchase the optional professional liability coverage for an additional charge of \$45.

Payment

Dues are for a 12-month period, non refundable and will not be pro-rated. Benefits begin on the first day of the month following receipt of full payment. *Purchase orders are not accepted for dues payment.

Total Amount \$ Check Enclosed American Express Mastercard Visa

Credit Card # Exp Date Signature

Cardholder Billing Address

SUBMIT FORM: register@tasbo.org; fax: 512.462.1782; or by mail: PO Box 91929, Austin, TX 78709