



T | A | S | B | O

TEXAS ASSOCIATION OF SCHOOL BUSINESS OFFICIALS

## Membership Transfer Request

Please fill out the following form and email to [register@tasbo.org](mailto:register@tasbo.org) for review. Once your request has been processed, you will receive an email confirmation.

### **Transfer TASBO Membership From:**

Name \_\_\_\_\_ District \_\_\_\_\_

Title \_\_\_\_\_

Reason for Membership Transfer: \_\_\_\_\_

### **Transfer TASBO Membership To:**

Name \_\_\_\_\_ District \_\_\_\_\_

Title \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Job Responsibilities Include: (choose all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> ACCOUNTING & FINANCE     | <input type="checkbox"/> PEIMS                              |
| <input type="checkbox"/> DISTRIBUTION & INVENTORY | <input type="checkbox"/> PERSONNEL                          |
| <input type="checkbox"/> INFORMATION TECHNOLOGY   | <input type="checkbox"/> PURCHASING & SUPPLY MANAGEMENT     |
| <input type="checkbox"/> INSTRUCTIONAL MATERIALS  | <input type="checkbox"/> SAFETY, SECURITY & RISK MANAGEMENT |
| <input type="checkbox"/> INTERNAL AUDIT           | <input type="checkbox"/> SCHOOL NUTRITION                   |
| <input type="checkbox"/> MAINTENANCE & OPERATIONS | <input type="checkbox"/> TRANSPORTATION                     |
| <input type="checkbox"/> PAYROLL                  |   |

Individual Requesting Transfer (please print): \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_