



T | A | S | B | O

TEXAS ASSOCIATION OF SCHOOL BUSINESS OFFICIALS

Membership Transfer Request

Please fill out the following form and email to srocha@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 _____