

# MASBO Certification Program Application



Complete this form if you are applying for the  
MASBO Certification Program:

masbo

Name \_\_\_\_\_ Title \_\_\_\_\_  
School District or Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

Are you an Active or Associate member of MASBO?  Yes  No

*Please note Active members receive priority over Associate members.*

Have you Attended the MASBO Institute?  Yes  No

If you have not attended the MASBO Institute, do you have at least seven years of experience in school business management?  Yes  No

## Payment (\$50)

Check (Payable to MASBO)  Visa  Mastercard  American Express

Cardholder Name \_\_\_\_\_  
Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV Code \_\_\_\_\_  
Cardholder Phone \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address ( Same as Above)

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Submit payment to:

MASBO  
1000 Westgate Drive, Suite 252  
Saint Paul, MN 55114  
(651) 290-7485

(For office use only)

initials		fin.
date		
CK/CC		
amt. paid		
bal. due		