



Membership Application

Please fill in the member information completely. The information is used for both new member roster listings and to verify the accuracy of current roster listings. Complete a copy of this form for each person in your organization that will be a chapter member.

Member Information

Name:		
Title:		
Affiliation:		
Address:		
City:	State:	Zip:
Phone:		
Fax:		
Email:		

Membership Dues

<input type="checkbox"/> Basic Membership – \$65 <i>(Receive minutes & education discount)</i>
<input type="checkbox"/> Industry/Jurisdiction Membership – \$250 <i>(Includes benefits of Basic and attendance at every luncheon/chapter meeting as well as one registration for the annual Installation Dinner. If you cannot attend, someone else from your agency can attend in your stead. All other employees from your jurisdiction receive the discounted member rate for education courses.)</i>
<input type="checkbox"/> Industry/Jurisdiction Membership Additional – \$200 <i>(To qualify, agency must already have at least one Industry/Jurisdiction member.)</i>
<input type="checkbox"/> Student Membership – \$20 <i>(In recognized program & not employed in the industry.)</i>

Member Options

I give permission to be listed in the online membership directory:
<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Name Badge – \$14

Payment Information

Total Due: \$		
<input type="checkbox"/> Check # _____ enclosed		
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		
Card Number:		
Expiration:	Security Code:	
Cardholder Name:		
Complete Billing Address:		
City:	State:	Zip:
Authorized Signature:		

(SVABO memberships run from July 1 through June 30.)

Remit completed form and payment to:

SVABO
1215 K Street, Suite 940
Sacramento, CA 95814

p: 916-451-9093
f: 916-231-2141
e: info@svabo.org