



SCASBO

South Carolina Association of
School Business Officials

ASSOCIATE MEMBERSHIP APPLICATION

Member Name: _____

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Individual Membership Dues: \$45.00*

Amount Enclosed: _____

Please make checks payable to SCASBO.
Payment and completed application should be mailed to:
SCASBO
PO Box 6563
Columbia, SC 29260

**Please note SCASBO's membership year is from April 1st to March 31st.*