



SCASBO

South Carolina Association of
School Business Officials

ACTIVE AND RETIREE MEMBERSHIP APPLICATION SCASBO/SASBO

Name (First): _____ (M.I.): _____ (Last): _____

Title: _____

School District (Active Member): _____

School District Retired From (Retiree): _____

Mailing Address: _____

Phone: _____ Email: _____

Active Member Dues: \$35.00*

Retiree Dues: \$16.00*

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.*