

**Asian Pacific Islander School Board Members Association
(APISBMA)**

Annual Membership Form - Individual

Membership Dues:

Regular Member	\$40/year	<input type="checkbox"/>
<ul style="list-style-type: none">• Elected or appointed member of any local or county school district• Elected or appointed member to the State Board of Education• Student Board Member		
Associate Member		
<ul style="list-style-type: none">• Former School Board Member• Community Organization• Business		
	\$50/year	<input type="checkbox"/>
	\$50/year	<input type="checkbox"/>
	\$250/year	<input type="checkbox"/>

Last Name First Name M.I. Title/Position

School District or Business Name District Phone No.

_____, CA _____
School District Address City Zip Code

_____, CA _____
Home/Street Address City Zip Code

Home Phone No. Business Phone No. Fax Number

E-Mail Address _____ Number of Years on School Board _____

- 1) Make check payable to APISBMA.
- 2) Mail the check with the form to [APISBMA](mailto:APISBMA@GMAIL.COM)

Please send inquiry to APISBMA@GMAIL.COM for delivery address

For use by official

Date Received _____ Check Number _____ Received by _____