

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

**Annual Membership Form- District**

**Membership Dues:**

School District Member (include) \$100/year

- Current Members of the Board of Education
- Superintendent
- List all other individuals with the same information above.

\_\_\_\_\_  
School District District Phone No.

\_\_\_\_\_, CA \_\_\_\_\_  
School District Address City Zip Code

First Name	Last Name	Position	Email Address

- \_\_\_\_\_
- 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 \_\_\_\_\_