

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

Annual Membership Form - Individual

Membership Dues:

Regular Member \$40/year ()

- 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 \$250/year

- Individual(s)
- Community Organization
- Business

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 _____