



## MASBO Certification Program Application

Complete this form if you are applying for the MASBO Certification Program:

Name:

Title:

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School District or Company:

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Address:

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Phone #:

Fax #:

Email:

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A. Are you an Active or Associate member of MASBO? \_\_\_\_\_

**\*\* Please note Active members receive priority over Associate members. \*\***

B. Have you attended the MASBO Institute? \_\_\_\_\_

C. If you have not attended the MASBO Institute, do you have at least 7 years of experience in school business management? \_\_\_\_\_

D. Application fee - \$50.00

Please send payment to:

MN Association of School Business Officials

P.O. Box 1426

Minneapolis, MN 55480-9930