



Missouri School Boards' Association - www.mosba.org - 573-445-9920

2020– 2021 Associate Member Application

Name of Company/Organization _____

Contact Name _____ Title _____

Email (required) _____ Website _____

Address _____ P.O. Box _____

City/State/Zip _____

Phone _____ Ext. _____ Cell _____

Type of Business _____

Please provide a brief description of your product, service or organization (15-20 words)

Secondary Contact _____ Title _____

Email (required) _____

Check two categories for listing in the guide:

- | | |
|--|--|
| <input type="checkbox"/> Architecture & Engineering | <input type="checkbox"/> Health & Insurance |
| <input type="checkbox"/> Athletics & Playgrounds | <input type="checkbox"/> Internet of Things |
| <input type="checkbox"/> Construction Services | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Custodial & Cleaning Services | <input type="checkbox"/> Other School Services |
| <input type="checkbox"/> Education & Technology | <input type="checkbox"/> Performance Contracting |
| <input type="checkbox"/> Energy | <input type="checkbox"/> Professional Organization |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Food & Nutrition | <input type="checkbox"/> Transportation |

I am interested in learning about sponsorship opportunities at the following meetings:

- | |
|--|
| <input type="checkbox"/> Legislative Forum - February |
| <input type="checkbox"/> CES Workshops |
| <input type="checkbox"/> Igniting Great Ideas Summit - June |
| <input type="checkbox"/> MSBA's Annual Conference - Fall |
| <input type="checkbox"/> FutureBuilders Golf Tournament - Fall |

Return completed form & company logo to:

Sharon Horbyk
horbyk@mosba.org
573-445-9920, ext. 373
2100 I-70 Drive Southwest
Columbia, MO 65203

Acceptable logo file formats:

- jpeg
- png
- eps

Method of Payment - Make Checks Payable to Missouri School Boards' Association

Annual Membership is \$800 per year (July 1 thru June 30). Payment must accompany application.

Amount Enclosed \$ _____ Check # enclosed _____

Credit Card Type: VISA Mastercard

Name on Card _____

Card # _____ Expiration Date _____

Office Use Only

Invoice # _____

Date _____

NOTE: MSBA does not warrant or endorse the products or services of MSBA Associate Members as a result of participation in this program. MSBA reserves the right to reject and/or cancel an MSBA Associate Member at any time. Vendors, products, programs and services shall be consistent with the promotion of public education and with the philosophies, values and policies that guide MSBA.