



A Community of Business Professionals in Higher Education

MEMBERSHIP APPLICATION

Community College Business Officers membership includes *The Bottom Line* newsletter and reduced registration fees at the annual conference and Leadership Academy. Services are described in more detail on the CCBO website: www.ccbo.org.

I wish to become a member of CCBO under the following category (check one)

- INSTITUTIONAL - \$410** includes \$400 includes primary and unlimited members from one community college.
- BUSINESS PARTNER - \$575** available to commercial organizations who support the interests of CCBO.
- INDIVIDUAL - \$225** available to individuals employed at institutions that do not have institutional membership.

Primary or Individual Member

NAME: DR/MR/MS/MRS _____

TITLE: _____

ORGANIZATION: _____

WEBSITE URL: _____

ADDRESS: _____

C/S OR PROV/Z: _____ COUNTRY: _____

PHONE: _____ FAX: _____

EMAIL: _____

Payment Method:

Check/Money Order Number _____ Amount _____

Credit Card: Am Ex MasterCard VISA Card Number _____ Expiration Date _____

Name on Card _____

I authorize Community College Business Officers to charge \$ _____ to my credit card account above.

Signature _____ Date _____

Make check payable to **Community College Business Officers** and submit with completed application to **PO Box 5565, Charlottesville, VA 22905-5565** or Fax to **434-245-8453**.

For clarification, please call **434-293-2825**.

Federal ID#: 54-2031169

Total Remitted from all sheets: \$ _____

Additional Member

NAME: DR/MR/MS/MRS _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

C/S OR PROV/Z: _____ COUNTRY: _____

PHONE: _____ FAX: _____

EMAIL: _____

Additional Member

NAME: DR/MR/MS/MRS _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

C/S OR PROV/Z: _____ COUNTRY: _____

PHONE: _____ FAX: _____

EMAIL: _____

Additional Member

NAME: DR/MR/MS/MRS _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

C/S OR PROV/Z: _____ COUNTRY: _____

PHONE: _____ FAX: _____

EMAIL: _____