**Association of the**

**San Bernardino County Special Districts**

**2023 Associate Membership Application**

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| **Associate Membership Application and Yearly Dues Form** |
| Agency / Company Name |
| Mailing Address |
| City, State, and Zip  |
| Telephone Number Fax Number  |
| Contact Person, phone number, and E-mail address |
| Services Provided |
|  Number of Employees |
| **Contact Information** |
|  President/Owner NamePhone Number and E-mail address |
| **Executive Secretary Name, phone number and email address** |
| **Annual Dues Structure****Number of Employees Dues**1 to 5 Employees $60.006 to 10 Employees $150.0011 to 20 Employees $275.0021 to 50 Employees $300.0051 plus Employees $375.00 |
| Based on the above schedule our annual dues are $\_\_\_\_\_\_\_\_\_\_\_ |
| Total Payment Enclosed $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Make Checks payable to ASBCSD****Mail to : ASBCSD****C/O Natalie Barnard****11081 Muirfield Dr.****Rancho Cucamonga, CA 91730** |
| Would your agency be interested in hosting a monthly meeting? [ ]Yes [ ] No |