**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 Name  Phone Number and E-mail address |
| **Executive Secretary Name, phone number and email address** |
| **Annual Dues Structure**  **Number of Employees Dues**  1 to 5 Employees $60.00  6 to 10 Employees $150.00  11 to 20 Employees $275.00  21 to 50 Employees $300.00  51 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 |