**ASSOCIATION OF THE**

**SAN BERNARDINO COUNTY SPECIAL DISTRICTS**

**2023 Regular Membership Application**

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| **Application and Yearly Dues Form** |
| **District Name** |
| **Mailing Address** |
| **City**  **Zip Code** |
| **Physical Address**  **Zip Code** |
| **Telephone**  **Fax** |
| **Contact Person, phone number and Email address** |
| **Meeting Date and Time** |
| **Number of Employees** |
| **Services Provided** |
| **Population Served** |
| **General Manager/Administrator** |
| **Executive Secretary** |
| **Governing Board Information** |
| **President/Email** |
| **Vice President/Email** |
| **Secretary/Email** |
| **Treasurer/Email** |
| **Director/Email** |
| **Director/Email** |
| **Director/Email** |
| **Director/Email** |
| **Designated Voting Member/Email** |
| **Alternate Voting Member/Email** |
| **Membership 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** |
| **Signed (President) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **(Secretary)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |