|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ASBCSD 2024 Associate Membership Application | | | | | | | | | | | | | | | | |
|  | | Renewal, List Name of District, and any corrections or updates. | | | | | | | | | | | | | | |
| Agency/Company Name | | | | | | | |  | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | |
| City/State/Zip | | | |  | | | | | | | | | | | | |
| Phone |  | | | | | | | | | Alt Phone | |  | | | | |
| Email |  | | | | | | | | | | | | | | | |
| Contact Person | | | | |  | | | | | | | | | Email |  | |
|  | | | | | |  | | | | | | | | Phone |  | |
| Number of Employees | | | | | | |  | | | | | | | | | |
| Service Provided | | | | |  | | | | | | | | | | | |
| President/Owner Name | | | | | | | |  | | | | | | | | |
| Agency be interested in hosting a monthly meeting? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Membership Dues Structure | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Based on the above schedule our dues are $ | | | | | | | | | | |  |  | Number of Employees Dues | | | |
| Made Payment Online | | | | | | | | | | |  | | 1 to 5 Employees $60.00 | | | |
| Total Payment Enclosed | | | | | | | |  |  | | | | 6 to 10 Employees $150.00 | | | |
| Make Checks Payable to ASBCSD | | | | | | | | | | |  | | 11 to 20 Employees $275.00 | | | |
|  | | | | | | | | | | |  | | 21 to 50 Employees $300.00 | | | |
|  | | | | | | | | | | |  | | 51 plus Employees $375.00 | | | |

Mail to: ASBCSD

C/O Natalie Barnard

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