



**Delaware School Boards Association**  
*Serving Delaware School Boards Since 1946*

Application for Enrollment as a Corporate Member

Company Name \_\_\_\_\_

Complete Address \_\_\_\_\_  
(please include city, state and zip code)

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact person \_\_\_\_\_ Title \_\_\_\_\_

Type of Business \_\_\_\_\_ Email \_\_\_\_\_

PLEASE CHECK ONE OF THE FOLLOWING:

I/We wish to be a new Corporate Member in DSBA.

PLEASE CHECK ALL THAT APPLY:

I/We would like to receive the DSBA directory for all Delaware public school district superintendents and/or Delaware school board members.

Enclosed is my check for \$350.00 made payable to DSBA for DSBA Membership mailed to:  
Delaware School Boards Association, P.O. Box 1277, Dover, DE 19903

(There will be a service fee of \$25 for any check returned to DSBA for insufficient funds.)

Date \_\_\_\_\_

Signed \_\_\_\_\_

Name (please print) \_\_\_\_\_