

CALIFORNIA PUBLIC SCHOOL ADMINISTRATORS' BUSINESS DIRECTORY

12th Annual 2008-2009 Membership Application

P.O. Box 13994, Sacramento, California 95853-3994

Phone 800-526-0663 • Fax 800-845-9311 • Web www.schoolbusinessdirectory.com

Type or print clearly – Complete entire application

Company Name _____ Phone (____) _____

FAX (____) _____ **IMPORTANT** – Check here if you will accept collect calls from schools.

Address _____
Street City State Zip County

Lic. # _____ (If applicable) E-Mail _____ Web _____
*Important for web listing

Primary Products and/or Services _____
Use reverse side to further describe your products and services. A description (25 words or less) may be included.

Check Desired Geographic Area – *(The area(s) your company services/sells to California schools)* Includes web listing.

____ NORTHEAST – Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Lassen, Modoc, Nevada,
Placer, Plumas, Sacramento, San Joaquin, Shasta, Sierra, Siskiyou, Stanislaus,
Sutter, Tehama, Yolo, Yuba \$270.00

____ NORTHWEST – Alameda, Contra Costa, Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, San Francisco
San Mateo, Solano, Sonoma, Trinity \$285.00

____ SOUTHEAST – Fresno, Imperial, Inyo, Kern, Kings, Madera, Mariposa, Merced, Mono, Orange, Riverside,
San Bernardino, San Diego, Tulare, Tuolumne \$505.00

____ SOUTHWEST – Los Angeles, Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Clara,
Santa Cruz, Ventura \$495.00

The above Annual Fees include directory listing(s), website listing with links and a copy of the directory.

Other Purchases

____ DISPLAY SPACE – Also available to member vendors, check here to receive information/rates.

____ DISKETTE of school addresses – (MUST BE a member vendor to purchase your geographic area) \$13.00

____ DIRECTORY PURCHASE (without membership) \$125.00

TOTAL AMOUNT DUE \$ _____

I hereby apply for membership in the current California Public School Administrators' Business Directory and enclose herewith my membership fee. I understand that my membership is subject to approval and membership fee returned with no explanation. It is also understood that I retain exclusive right to renewal in each successive issue, provided no adverse information is declared by California Public School Districts.

Authorized Signature X _____ Title _____ Date _____

First Name (print) _____ Last Name (print) _____

Membership Applications/Space Reservations will be accepted on the basis of chronological response.

MAKE ALL CHECKS PAYABLE to California Public School ABD or Charge to (check one) ___ Visa ___ MasterCard ___ AMEX

_____ Exp. ___/___

Signature _____ Date _____

All Credit Card Sales are Final and are Not subject to Refunds.