

**APPLICATION for Acceptance into the  
Indiana ASBO Certification Program**

**You MUST be an IASBO Member to apply.**  
*(Please type or print)*

**Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**School Corporation** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Signature/Date** \_\_\_\_\_

**Select Certification Category      Application Fee is \$50.00 Per Category**

- Chief Business Officer**
- Assistant Chief Business Officer**
- Business Office Specialist**
- Facilities Director**
- Human Resources Specialist**

**Please send application and appropriate fee to: Indiana ASBO, One North Capitol – Suite 1215,  
Indianapolis, IN 46204.**