

# DVASBO



## DVASBO Officers

*Barbara Markowitz, President  
Sandra Edling, Vice-President  
Brian Cooney, Secretary  
Vanessa Scott, Treasurer*

## 2018-2019 Membership Registration Form

(Checks made payable to DVASBO to accompany form)

**Please Type or Print All Information.**

School District/AVTS/Business Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Website Address \_\_\_\_\_

TYPE OF BUSINESS (e.g., architect, engineering firm)

Please **print or type** below all individuals in your school district/business that will be members of DVASBO. The membership **fee of \$150.00** includes your entire organization; there is no limit to the number of members an organization can have. **Be sure to fill out the form completely including titles.**

**Make check payable to DVASBO and return with form to Bobbie-Lou Schneider, Chester County Intermediate Unit, 455 Boot Road, Downingtown, PA 19335. Questions, email [bobbielousc@cciu.org](mailto:bobbielousc@cciu.org).**

In order to provide members with all DVASBO mailings in the most economical way, we bundle each member's mail by organization and ship in one envelope. Please list the name of the **CONTACT** person who should receive announcements and distribute its contents to his/her colleagues.

### PRINT OR TYPE

Name	Title	Phone Number	E-mail Address
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**CONTACT PERSON:**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PRINT OR TYPE**

**Name**

**Title**

**Phone Number**

**E-mail Address**