
DVASBO



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.

Please list the name of the primary **CONTACT** person for your district or business.

PRINT OR TYPE

Name	Title	Phone Number	E-mail Address
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CONTACT PERSON:
