

Application for Membership: Business Partners

Business partner membership applies to for-profit entities connected to the independent school market interested in the work of NBOA.

Membership Term: today-December 31, 2025

Membership Dues: \$1,300

| Organization Information (*required) | | | |
|---|---------------|--|--|
| Organization Name* | | | |
| Street Mailing Address* | | | |
| City, State, ZIP* | | | |
| Main Phone Number | Website | | |
| Primary Contact (decision-maker responsible for maintaining the organizational membership and roster) | | | |
| Primary Contact Name* | | | |
| Title* | | | |
| Email Address* | Phone Number* | | |
| Payment Options: | | | |
| Payment by eACH /Credit Card (preferred): pay at www.nboa.org/invoices | | | |
| For bank details to initiate ACH, email finance@nboa.org | | | |
| Manual checks: Make checks payable to NBOA Mail to: National Business Officers Association PO Box 74249, Cleveland, OH 44194-0002 | | | |

Please email all completed applications to membership@nboa.org

Please allow 24-48 hours for your membership application to be processed. The primary contact will receive an email with a link to the membership invoice, and the membership will be active as soon as the invoice is paid.

Individuals Receiving Member Benefits:

| Full Name | Title | Email Address |
|---|-----------------------------------|---|
| Full Name | Title | Email Address |
| Full Name | Title | Email Address |
| Full Name | Title | Email Address |
| Full Name | Title | Email Address |
| Full Name | Title | Email Address |
| Business Categories: Please isted on the website. | e list up to six business categor | ies in which you would like your business to be |
| Business Category | Business Category | Business Category |
| Business Category | Business Category | Business Category |
| Business Category | Business Category | Business Category |
| Business Category | Business Category | Business Category |