

Application for Membership: U.S. Schools

U.S. School membership applies to 501(s)(3) independent schools within the United States and its territories.

Membership Term: today through June 30, 2025

School Information (*required)			
School Name*			
Street Mailing Address*			
City, State, ZIP*			
Main Phone Number Website			
Primary Contact (decision-maker responsible for maintaining the organizational membership ar	nd roster)		
Primary Contact Name*			
Title*			
Email Address* Phone Number	*		
Payment Options:			
Payment by eACH /Credit Card (preferred): pay at www.nboa.org	g/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 proceed membership invoice will be emailed to the primary contact, and membership invoice will be emailed to the primary contact, and membership invoice will be emailed to the primary contact, and membership invoice will be emailed to the primary contact, and membership invoice will be emailed to the primary contact, and membership invoice will be emailed to the primary contact, and membership invoice will be emailed to the primary contact, and membership invoice will be emailed to the primary contact, and membership invoice will be emailed to the primary contact, and membership invoice will be emailed to the primary contact, and membership invoice will be emailed to the primary contact, and membership invoice will be emailed to the primary contact, and membership invoice will be emailed to the primary contact, and membership invoice will be emailed to the primary contact.			

active as soon as the invoice is paid.

School Information*		
☐ Day ☐ Boarding ☐ Both		
☐ Nonprofit ☐ For-profit		
Annual Budget: \$		
Grades:(lowest) (highest)		
Enrollment:		

Membership Dues* (dues are based on the total annual budget of your school) Please select one: Less than \$1M \$335 \$1M to <\$2M \$640 \$2M to <\$3M \$975 \$3M to <\$4M \$1,360 \$4M to <\$5M \$1,715 \$5M to <\$6M \$2,125 \$6M to <\$7M \$2,575 \$7M to <\$8M \$3,080 \$8M to <\$9M \$3,560 \$9M to <\$10M \$4,185 \$10M to <\$12M \$4,430 \$12M to <\$15M \$4,445 \$15M to <\$20M \$4,750 \$20M to <\$30M \$4,955 \$30M to <\$50M \$5,215 Over \$50M \$5,455

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
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