

New York Public School Administrators' Business Directory

30th Annual 2009-2010 Membership Application

P.O. Box 663, Albany, NY 12201-0663

Phone 800-526-0663 • Fax 800-845-9311 • Web www.schoolbusinessdirectory.com

Type or print clearly – Complete entire application

Company Name _____ Phone (____) _____

FAX (____) _____ **IMPORTANT** -Check here if you will accept collect calls from schools.

Address _____
Street City State Zip County

E-Mail _____ (If applicable) Web _____ (If applicable)
*Important for web listing

Primary Product and/or Services _____
Use reverse side to further describe your products and services. A description (25 words or less) may be included.

- Check Desired Geographic Area – (*The area(s) your company services/sells to N.Y. schools*) Includes web listing.
- ___ METROPOLITAN N.Y. & L.I. – Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk..... \$456.00
 - ___ SOUTHEASTERN N.Y. – Albany, Columbia, Delaware, Dutchess, Greene, Orange, Otsego, Putnam, Rensselaer, Rockland, Schoharie, Sullivan, Ulster, Westchester \$330.00
 - ___ NORTHEASTERN N.Y. – Clinton, Essex, Franklin, Fulton, Hamilton, Herkimer, Montgomery, Saratoga, Saint Lawrence, Schenectady, Warren, Washington..... \$286.00
 - ___ CENTRAL N.Y. – Broome, Cayuga, Chenango, Cortland, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Seneca, Tioga, Tompkins, Wayne..... \$314.00
 - ___ WESTERN N.Y. – Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Steuben, Wyoming, Yates \$346.00

The above Annual Fees include directory listing(s), website listing with links and a copy of the directory.

Other Purchases & Web Listing

- ___ DISPLAY SPACE – Also available to member vendors, check here to receive information/rates.
- ___ DISKETTE of school addresses – (MUST BE a member vendor to purchase your geographic area) \$13.00
- ___ DIRECTORY PURCHASE (without membership)..... \$125.00

TOTAL AMOUNT DUE \$ _____

I hereby apply for membership in the current New York Public School Administrators' Business Directory and enclose herewith my membership fee. I understand that my membership is subject to approval and membership fee returned with no explanation. It is also understood that I retain exclusive right to renewal in each successive issue, provided no adverse information is declared by New York Public School Districts.

Authorized Signature X _____ Title _____ Date _____

First Name (print) _____ Last Name (print) _____

Membership Applications/Space Reservations will be accepted on the basis of chronological response.

MAKE ALL CHECKS PAYABLE to New York Public School ABD or Charge to (check one) ___ Visa ___ MasterCard ___ AMEX

_____ Exp. ___/___

Signature _____ **Date** _____

All Credit Card Sales are Final and are Not subject to Refunds.

~ Celebrating 30 Years of Service ~