



2007/2008 ANNUAL ASSOCIATE/AGENCY MEMBERSHIP REGISTRATION

AGENCY NAME: _____

MEMBER NAME: _____

MEMBER TITLE: _____

AGENCY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ FAX: _____

AGENCY WEBSITE ADDRESS: _____

MEMBER E-MAIL ADDRESS: _____

TYPE OF SERVICE AGENCY PROVIDES: _____

Please select the appropriate membership level for your agency from the list below:

Check One

Associate Membership & Display Booth Fee (may attend fall and spring conferences, set-up display booth at spring conference & serve in offices and on committees)	\$500.00	_____
Associate Membership Only Fee (may attend fall & spring conferences, <u>no spring conference display booth</u> & serve in offices and on committees)	\$250.00	_____
Display Booth Fee (may attend & set-up display booth at spring conference)	\$250.00	_____

Spring conference: General Butler State Resort Park, Carrollton, KY May 7 - 9, 2008

Names /Titles of Representatives to Attend Spring Conference: _____

Amount of Fee Enclosed: \$ _____

Make checks payable to: Kentucky Association of Student Receivable Officers (KASRO)

PLEASE RETURN THIS FORM WITH YOUR PAYMENT TO:

Linda Smitha, KASRO Treasurer
University of Kentucky
18 Funkhouser Building
Lexington KY 40506-0054

Phone: 859-257-3406 x 263

Fax: 859-257-9590

Email: lsbrad02@uky.edu