



West Central OASBO Chapter Officer Application of Interest

Date:

Name:

Email Address:

Current District:

Current Position:

Length of Service:

Previous District and Position:

Total Years of School Business Experience:

Are you a member of OASBO: If yes, Professional Member___ Associate Member___

Office you are interested in holding for 2024-2025: Vice President___ Member At Large___

1. Why are you interested in becoming a West Central OASBO chapter Officer?

2. What would you like to accomplish during your tenure as a chapter officer if selected?

Signature of Applicant and Date