School Administrators of South Dakota Associate Membership Application Form

Membership Year October 1, 2018 - September 30, 2019

Company Name		
Type of Business		
Contact Person_	Title	
Address		
City	State	Zip
Telephone	Fax	
E-Mail Address	Website Address_	
GOLD ELITE ASSOCIATE MEMB	3ER	\$1,000
 put on the SASD website and you Password access to SASD's on-lin Hotlink from SASD's website to y Receive the "SASD Update" News Receive the "Legislative Update" 	e member directory our company's webs sletter	ite.
ASSOCIATE MEMBER Associate Members will receive the follo Password access to SASD's on-lin Receive the "SASD Update" New Hotlink from SASD's website to y	ne member directory vsletter	\$ 500
SEND THIS FORM WITH YOUR PAY	PO B Pierr	O Sox 1141 Se SD 57501 173-2525