



STATE UNIVERSITY OF NEW YORK FINANCIAL AID PROFESSIONALS 2007-2008 MEMBERSHIP APPLICATION

(Membership runs from May 1, 2007 – April 30, 2008)

This information will appear in SUNYFAP membership directories and/or listings.

Name: _____

Title: _____

Institution/Agency: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

Active Member – SUNY professionals employed in a Financial Aid Office

Associate Member – any person not eligible as an Active Member

Other school employees (Support Staff, EOP, CUNY)

SUNY System Administration, SLSC, SICAS Center

Lender Reps, Guarantors, Servicers, Vendors

Retirees (membership fee waived)

Membership fee: \$15.00 (No vouchers, please.)

Once paid, the membership belongs to the individual, not the institution, regardless of who paid the dues.

Payment may be made with conference or workshop registration or via mail to:

Kathy Michalski
Niagara County Community College
Financial Aid Office
3111 Saunders Settlement Road
Sanborn, New York 14132

Make check payable to SUNYFAP, Inc.

FOR OFFICIAL USE: Check Received: _____ Check No.: _____ Membership: _____