



STATE UNIVERSITY OF NEW YORK  
FINANCIAL AID PROFESSIONALS  
2009-2010 MEMBERSHIP APPLICATION  
(Complete only if you are not registering for the Conference)

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: \$30.00 (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 workshop registration or via mail to:

Chris Jadlos  
SUNY Geneseo  
Financial Aid Office  
1 College Circle  
Geneseo, NY 14414

**Make check payable to SUNYFAP, Inc.**

FOR OFFICIAL USE: Check Received: \_\_\_\_\_ Check No.: \_\_\_\_\_ Membership: \_\_\_\_\_