



SUNYFAP

State University of New York Financial Aid Professionals

2010-2011 Membership Application

(Complete this form only if you are not registering for the annual SUNYFAP Conference)

This information will appear in SUNYFAP membership directories and listings.

Name:

Title:

Institution/Agency:

Address:

City: State: Zip:

Phone: () - Fax: () -

E-Mail Address:

- Membership Type:
- 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)

2010-2011 Membership Fee: \$30.00

- Please pay with check only – no vouchers, please.
- Once paid, the membership belongs to the individual, not the institution.
- Please make check payable to **SUNYFAP, Inc.**
- Payments may be made with training workshop or conference registration, or by mail to:

Mark Hill, SUNY ESF
Financial Aid Office – 113 Bray Hall
1 Forestry Drive Syracuse, NY 13210
315-470-6673; Fax 315-470-4734; E-Mail: mjhill@esf.edu

FOR OFFICIAL USE: Check Received: _____ Check #: _____ Membership: _____