



SUNYFAP

State University of New York Financial Aid Professionals

2011-2012 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)

2011-2012 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: _____