NASFAA
NATIONAL ASSOCIATION OF STUDENT FINANCIAL AID ADMINISTRATORS

Affiliate B Membership Form 2012-13

1. Contact Information

Name of Institution (as it should appear in the Membership Directory)

Address

City		State	Zip
Phone	Ext	Fax	
Primary Contact Person		Title	
Email			
Web ID ❑ Yes ❑ No		Today's News ❑ Yes ❑ No	

2. Institution Type/Dues Calculation

Check One:

❑ Public 2-Year
❑ Public 4-Year & Above
❑ Public Less than 2-Year
❑ Private/Profit 2-Year
❑ Private/Profit 4-Year
❑ Private/Profit 4-Year & Above
❑ Private 2-Year
❑ Private 4-Year
❑ Private 4-Year & Above
❑ Private Less than 2-Year
❑ Private/Profit Less than 2-Year
❑ Graduate/Professional
❑ Public 4-Year

Membership dues are prorated. Please send the appropriate amount with your application and sign the statement below.

12 months (July 1 – June 30)	**$770**
9 months (October 1 to June 30)	**$578**
6 months (January 1 to June 30)	**$385**
3 months (April 1 to June 30)	**$193**

3. Payment Information

Method of Payment ❑ Visa ❑ MasterCard ❑ American Express ❑ Discover ❑ Check Enclosed

Name on Credit Card	Amount to be Charged	
Card Number	Exp. Date	Security Code: (on back of credit card)
Signature	Date	

4. Statement

My signature below indicates that my institution is in agreement with NASFAA's "Mission Statement" and complies with NASFAA's "Statement of Ethical Principles" and "Policy on the Use of the NASFAA Name and Logo." (Please refer to the attached pages or the NASFAA Website for the full text of each aforementioned statement.)

Signature Date

Please retain a copy of this form for your records. Send your completed application and payment to:
NASFAA Membership Services, 1101 Connecticut Avenue, N.W., Suite 1100, Washington, DC 20036-4303
Questions? Contact Membership Services at (202) 785-0453 ext. 1 or by email at membership@nasfaa.org