Retiree Group Enrollment Form

Updated February 25, 2014

1. Contact Information	
Name:	
Address:	
City/State/Zip:	
Phone:	Email:

2. Retirement Information	
Name of institution/organization from which you retired:	
Position last held:	
State from which you retired:	Region from which you retired:
Year first employed in financial aid:	Number of years in financial aid:
Date of retirement:	
Spouse's Name (optional):	

3. Opt-In Information		
Would you like to receive Today's News via email each business day?	Yes	No
Would you like to receive promotional emails from NASFAA?	Yes	No
Would you like to be listed in the online Retiree Group Directory?	Yes	No

4. Payment Information	
Method of Payment:	o Visa o MasterCard o American Express o Discover o Check
Amount to be charged:	$50
Name on Credit Card:	
Credit Card Number:	
Expiration Date:	Security Code (on back of card):
Signature:	
Date:	

If you have any questions, please contact Membership Services at (202) 785-0453, Ext. 1 or membership@nasfaa.org.

Send your completed form and payment to:

NASFAA Membership Services
1101 Connecticut Ave., NW, Suite 1100
Washington, DC 20036-4303

Or, you may fax your completed form to (202) 785-1487.
To submit your credit card payment over the phone, contact Membership Services at (202) 785-0453, Ext. 1.
Please retain a copy of this form for your records.

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