

Retiree Group Enrollment Form

Updated March 7, 2024

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:	<input type="radio"/> Visa	<input type="radio"/> MasterCard	<input type="radio"/> American Express	<input type="radio"/> Discover	<input type="radio"/> 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
P.O. Box 426067
Washington, DC 20042-6067

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.