



# Application for Membership in the Kentucky Association of Student Financial Aid Administrators

PLEASE PRINT OR TYPE

(1) Please indicate:  New KASFAA Member  Renewing KASFAA Membership

(2) Name (Last, First, Middle)

(3) Title

(4) Institution/Agency Name

(5) Institution/Agency Street Address

(6) Institution/Agency City

(7) State

(8) Zip Code

(9) Phone Number

(10) Fax Number

(11) E-mail Address

(12) Ethnicity

(13) Year started in Financial Aid

(14) Institution Type (Check One)

4-Year Institution

2-Year Institution

Private Institution

Proprietary Institution

NON-School

(15)  Your E-Mail address will automatically be added to the KASFAA listserv. If you do not wish to be included on the listserv, please request exclusion from the listserv by checking this box.

Dues for membership from July 1, 2019 to June 30, 2020 are \$30.00 Please make check for that amount payable to KASFAA, Inc. and mail it with this membership form to:

(16)  Please check this box if you have **NEVER** attended a SASFAA Conference.

Mark Messingschlager  
Director of Financial Aid  
Thomas More University  
333 Thomas More Parkway  
Crestview Hills, KY 41017

KASFAA TREASURER ONLY	
Date	_____
Check #	_____
Amount	_____