



Application for Membership in the Kentucky Association of Student Financial Aid Administrators 2018 – 2019

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, 2018 to June 30, 2019 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.

Michelle Standridge
KASFAA Treasurer
Spalding University
901 South 4th Street
Louisville, KY 40203

KASFAA TREASURER ONLY

Date _____

Check # _____

Amount _____