South Dakota Association
Of
Student Financial Aid Administrators

MEMBERSHIP APPLICATION

NEW MEMBERSHIP

I hereby apply for (circle one) Institutional/Associate membership to the South Dakota Association of Student Financial Aid Administrators (SDASFAA) and, if elected to membership, agree to abide by its Constitution and By-Laws.

Signed: _____ _____
Signature Title

INSTITUTIONAL MEMBERSHIP shall be limited to persons engaged in the administration of student financial aid in an institution of higher education in the state of South Dakota.

ASSOCIATE MEMBERSHIP shall be open to persons representing public and private agencies and organizations concerned with or engaged in the support and/or administration of student financial aid.

Institution/Association Name _____

Mailing Address _____

_____

Phone _____ Fax _____

Email Address _____

Please list the other professional associations that your Institution belongs to: _____

_____

Return this form to the SDASFAA Treasurer at the address below.

APPLICATION FOR MEMBERSHIP in the association shall be made to the SDASFAA Treasurer for processing. Applications for first-time members must be approved by an affirmative vote of a majority of the Executive Council. Associate members may not advertise in their literature that they are members of SDASFAA. SDASFAA has the right to deny any membership application.

Mail to: Carrie Jordanger, SDASFAA Treasurer
Lake Area Technical Institute, PO Box 730, Watertown, SD 57201

Email: jordangc@lakeareatech.edu
Fax: 605-882-6299