Arkansas Association of Student Financial Aid Administrators, Inc.

2019 Membership Form

January 1, 2019 to December 31, 2019

Complete and send this form with payment of Membership Dues to:

AASFAA Treasurer
UACCB
C/O Jennifer Sinele
P.O. Box 3350
Batesville, AR 72503

AMOUNT ENCLOSED: $

MARK ONE	Membership Levels	Dues	Constituency Covered
☐	Enrollment under 1,000	$150.00	Educational institution
☐	Enrollment between 1,001 and 4,000	$200.00	Educational institution
☐	Enrollment over 4,000	$250.00	Educational institution
☐	Associate Membership	$100.00	Association or Organization
☐	Former Aid Professionals Dues	$10.00	Individual

NAME OF EDUCATIONAL INSTITUTION, ASSOCIATION, ORGANIZATION, OR INDIVIDUAL	MAIN PHONE #	FAX # :

MAILING ADDRESS	CITY	STATE ABREVIATION	ZIP CODE

Name *PLEASE PRINT*	Industry Service *(MM/YYYY)*	Telephone	Job Title	E-mail Address
** The FIRST PERSON listed for educational institutions ONLY will be considered the VOTING MEMBER*				