



2026-2027 Membership Application

May 1, 2026 through April 30, 2027

(Complete this form only if you are not registering for the annual SUNYFAP Conference)

This information will appear in SUNYFAP membership directories and listings.

Name:

Title:

Institution/Agency:

Address:

City: State: Zip:

Phone: Fax:

E-Mail Address:

Membership Type:

- Active Member – SUNY Professionals employed in a Financial Aid Office
- Associate Member – any person not eligible as an Active Member
 - Other school employees (Support Staff, EOP, Non-SUNY School)
 - SUNY System Administration, SLSC, SICAS Center
 - Lender Reps, Guarantors, Servicers, Vendors
- Retirees (membership fee waived)

Additional Info: Years in Financial aid

2026-2027 Membership Fee: \$30.00

- Please pay with check or credit card – no vouchers, please.
- Please make check payable to **SUNYFAP, Inc.**
- Once paid, SUNYFAP membership belongs to the individual, not the institution.

If paying online by credit card, please follow instructions below, then enter the PayPal provided:

Payment Receipt ID:

Mail forms to: Kathleen Michalski, Niagara County Community College
Financial Aid Office
3111 Saunders Settlement Road
Sanborn, NY 14132

Telephone: (716) 614-6211; Fax: (716) 614-6820; Email: kmichals@niagaracc.suny.edu

FOR OFFICIAL USE: Check Received: _____ Check #: _____ Membership: _____