



**MINNESOTA ASSOCIATION OF FINANCIAL AID ADMINISTRATORS
MEMBERSHIP APPLICATION / RENEWAL FORM
MAY 1, 2009 TO APRIL 30, 2010**

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____
(First name will be used for MAFAA nametags)

INSTITUTION NAME: _____

ARE YOU A **NEW** MAFAA MEMBER? Yes No YEAR you started working in the Financial Aid profession: _____

Please check if current directory information is **CORRECT** _____ (*Do not complete this box*)
Please check if current directory information is **NOT CORRECT** _____ (*Complete incorrect items only*)

TITLE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DIRECT TELEPHONE: (____) _____ INSTITUTION TELEPHONE: (____) _____

800 NUMBER: (____) _____ FAX NUMBER: (____) _____

E-MAIL ADDRESS: _____
(**Note:** Your email address will be subscribed to the MAFAA list serv)

MEMBERSHIP TYPE:

Regular Associate Retired

Regular membership shall be limited to persons actively engaged in the administration of student financial aid in any institution of post-secondary education located within the state of Minnesota. Regular Members shall be entitled to vote as a member of the Association, to attend meetings of the Association and to be a committee member or chairperson.

Associate membership shall be open to persons associated with public and private organizations, other than Minnesota institutions of post-secondary education concerned with or engaged in the support and/or administration of student financial aid. Associate members shall be entitled to attend meetings of the Association, serve on standing and ad hoc committees/task forces and will be permitted to chair ad hoc committees/task forces. Associate members shall not be entitled to vote, hold office or chair standing committees of the Association.

Retired membership shall be open to persons who have retired from and have served the most recent five years in a position eligible for regular or associate membership in MAFAA. Retired members shall be entitled to attend meetings of the association and serve on standing and ad hoc committees/task forces. Retired members shall not be entitled to vote nor be appointed to chair a committee or task force.

AFFILIATION: _____ Two Year Public College _____ University of Minnesota
 _____ Private Non-Profit College _____ Business/Lender/Guarantor/Service
 _____ Private For-Profit College _____ Private/Public Service Agency
 _____ State University _____ Other: _____

Optional Questions: I identify myself as a member of the following:
 African-American
 American Indian / Alaskan Native
 Asian / Pacific Islander
 Caucasian / white
 Hispanic / Latino
 Multicultural
 Other: _____

In addition to English, I also speak fluent _____

2009-2010 ANNUAL DUES: \$40 (Retired members are exempt from annual dues)

SEND THIS FORM AND YOUR CHECK (made payable to MAFAA) TO:
Kerri Schmidt
MAFAA Treasurer-Elect
 Business Office & Financial Aid Office
 Minnesota State College Southeast Technical, 308 Pioneer Road
 Red Wing, MN 55066