

Michigan Association of Student

MASFSA

Financial Services Administrators

Membership Application

Institutional Membership _____
(Complete Section 1)

Associate Membership _____
(Complete Section 2)

Section 1: Institutional Membership – a post-secondary institution operating in the state of Michigan.
Annual fee - \$100

Institution

Address

City State Zip

Last name (Representative) First name MI

Title

Phone Number Ext. Email Address

Last name (Representative) First name MI

Title

Phone Number Ext. Email Address

Type of Institution: 4 Year State _____ 4 Year Private _____ 2 Year Community College _____

Section 2: Associate Membership – any business or organization that regularly performs services which support post-secondary institutions in the state of Michigan. Annual fee - \$200

Business Name

Address

City State Zip

Last name (Representative) First name MI

Title

Phone Number Ext. Email Address

Last name (Representative) First name MI

Title

Phone Number Ext. Email Address

Please mail application with check payment made payable to **MASFSA to:**

Clara Johnson, Treasurer
Davenport University
6191 Kraft Ave SE
Grand Rapids, MI 49512