

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 - \$100.00 (Please note that this fee is waived if you attend our annual conference.)

**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 - \$200.00 (Please note that this fee is waived if you attend our annual conference.)

**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:**

**Pam Johnson**  
**Northern Michigan University**  
**Financial Services**  
**1401 Presque Isle Ave**  
**Marquette MI 49855**