

\*Required Field\*

## 2015-2016 OASFAA Membership Application

Type of Membership:						
Institutional Membership _ X			Associate Membe	ership	_	
Organization Information						
Institution:	Indian Capital Technology Center					
Address:	2403 N 41st Street East					
City:	Muskogee	State:	ОК	Zip:	74403	
Phone:	918-348-7999	Fax:	918-687-5793			

Payment of \$150 enclo	sed: Yes_	<u>X</u>	No_	(will be sent separately)
Is a receipt necessary?	Yes	No		

Voting Representative				
Name:	Jonathan Ford			
Title:	Financial Aid Special	ist		
Phone:	918-348-7999	Email:	jon.ford@ictctech.com	

\*\*See 2nd page to include Active Members' information\*\*
Please make sure the 2nd page is complete so we can update our membership list

Submit application and payment to OASFAA Treasurer:

Baxter Stewart Conners State College 700 College RD Warner, OK 74469

Active Members					
Name:	Beth Fritts				
Title:	Financial Aid Specia	alist Assistant			
Phone:	918-348-7950	Email:	beth.fritts@ictctech.com		
Name:					
Title:					
Phone:		Email:			
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<sup>\*\*</sup>If additional lines are needed for Active Members, please create additional pages as needed\*\*