

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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^{**}If additional lines are needed for Active Members, please create additional pages as needed**