

Required Field

2016-2017 OASFAA Membership Application

Type of Membership:						
Institutional Membership			Associate Membership			
Organization Information						
Institution:						
Address:						
<i>C</i> ''						
City:		State:		Zip:		
Dhana:		Eav:				
Phone.		rux.				
Phone:		Fax:				

Payment of \$200.00 enclosed: Yes _____ No ____ (will be sent separately) Is a receipt necessary? Yes _____ No _____

	Voting Representative
Name:	
Title:	
Phone:	Email:

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: Alicia Smith Metro Technology Centers 821 Musgrave Blvd OKC OK 73114

	Active Members	
Name:		
Title:		
Phone:	Email:	
Name:		
Title:		
Phone:	Email:	
Name:		
Title:		
Phone:	Email:	
Name:		
Title:		
Phone:	Email:	
Name:		
Title:		
Phone:	Email:	
Name:		
Title:		
Phone:	Email:	
Name:		
Title:		
Phone:	Email:	

**If additional lines are needed for Active Members,

please create additional pages as needed**