



Required Field

2016-2017 OASFAA Membership Application

Type of Membership:

Institutional Membership _____

Associate Membership _____

Organization Information

Institution: _____

Address: _____

City: _____

State: _____

Zip: _____

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

