

2008-2009 SUNYCAP Institutional Membership Invoice

Annual Membership Fee:

\$140.00 covers membership for five admission professionals.
\$30 for each additional or single membership

Membership duration: Nov. 1, 2008 – Oct. 31, 2009

(Please photo copy this form as necessary).

Name of College

Address

City State Zip

Admissions Phone Number

Admissions Fax Number

List below the individuals to be included under the Institutional Membership Application:

Name #1

Title/Position

Email Address

New Member Renewal* Past Member

Name #2

Title/Position

Email Address

New Member Renewal* Past Member

Name #3

Title/Position

Email Address

New Member Renewal* Past Member

Name #4

Title/Position

Email Address

New Member Renewal* Past Member

Name #5

Title/Position

Email Address

New Member Renewal* Past Member

*Renewal indicates that you were a member in 2007-2008

Make check payable to SUNYCAP, Inc.

Tax Exempt Number: 16-1149423

Forward payment to:

Lisa Thompson
SUNY College at Brockport
Undergraduate Admissions Office
350 New Campus Drive
Brockport, NY 14420-2914
FAX: (585) 395-5452

Office Use ONLY: Check number: _____
Date received: _____
Check total: _____