



## 2009-2010 Institutional Membership Application

**College Information:**

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Name of College

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Address

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City                                  State                                  Zip

**Annual Membership Information:**

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

**Membership duration: Nov. 1, 2009 – Oct. 31, 2010**

(Please photo copy this form as necessary).

**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 2008-2009

**Make check payable to SUNYCAP Inc.**

**Tax Exempt Number: 16-1149423**

**Forward payment to:**

Lisa Thompson  
The College at Brockport  
Office of Undergraduate Admissions  
350 New Campus Drive  
Brockport, NY 14420-2914

FAX: (585) 395-5452

**Office Use ONLY:** Check number: \_\_\_\_\_  
Date received: \_\_\_\_\_  
Check total: \_\_\_\_\_