



## SUFFOLK COUNTY CHAPTER

# Suffolk County Chapter of NYS School Facilities Association Membership Form Instructions

### ***What does it mean to be a Suffolk Chapter Member?***

The Suffolk County Chapter of NYS School Facilities Association expects its members to be active and contribute meaningfully to its activities and initiatives and offers members the benefit from its resources, network, and the professional development opportunities it offers.

We believe becoming a Chapter member provides invaluable insight, the opportunity to connect with like-minded professionals, and contributes to the growth and success of individual districts and the community. The Chapter's committees for mentorship, consortium, scholarship, advocacy and local charity, all contribute to advancing our professionalism as well as achieving professional goals.

If you would like the opportunity to be a part of this Chapter and contribute meaningfully to its activities and initiatives, please apply and carefully review and complete the appropriate membership form.

The path to joining Suffolk Chapter generally recognizes two membership paths described in Chapter by-laws. Membership is not automatic it is reviewed and approved annually by the membership committee annually. To be considered for initial membership, please fill out this form and submit to Chapter Membership Committee Chair or any Chapter Board member. There is no fee to apply but current annual dues are noted on the membership application will be invoiced upon acceptance and annually thereafter.

Please note: New York State Association membership is separate and distinct from Suffolk Chapter membership and is a pre-requisite to Chapter membership. Approval at Chapter level depends on approval at State level. State "Active" members may belong to only one Chapter but State "Associate" members may belong to multiple Chapters. State Association membership application can be found here <https://nyssfa.com/join> for Suffolk Chapter membership applications, please choose from below:

**Active & Affiliate Memberships** are individuals. Suffolk Chapter members are those Facilities Professionals actively employed by schools with Civil Service titles recognized in the Chapter's by-laws. In brief, Active members have primary responsibility for their districts and are voting members of the Chapter. Affiliate members are employees who support the Active member. Specific rights and privileges of memberships are further described in By-Laws.

**Associate Memberships** are corporate memberships. Suffolk Chapter members are consultants hired by schools &/or vendors serving districts as recognized in the Chapter's by-laws. In brief, these are non-voting members of the Chapter with rights and privileges further described in the by-laws.



## Active or Affiliate Membership Application Form 2026-27

Which membership are you applying for? ☐ Active ☐ Affiliate Date: \_\_\_\_\_

### **Applicant Info:**

First, Last Name: \_\_\_\_\_

Applicant Job Title: \_\_\_\_\_

Civil Service Job Title: \_\_\_\_\_

Email: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

School District Name: \_\_\_\_\_

School District Address: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Already a New York State Association member? ☐ Yes ☐ No ☐ Pending

If pending, when was application made? \_\_\_\_\_

Briefly describe past experience including former employers and years of experience (or attach resume)

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**Dues:** Active and Affiliate Chapter Membership is an annual individual membership including dues and fees for 10 meetings at \$650/year. Payment is due in full upon approval of initial application and upon annual renewal invoice. Non-payment may be grounds for suspension and/or revoking membership as per Chapter by-laws.

### **Instructions for Submission:**

Please submit the completed application form along with any supporting documents to:

[corrospondence@scnyssfa.org](mailto:corrospondence@scnyssfa.org) or to Suffolk County Chapter of NYS SFA, PO Box 1252, Ronkonkoma, NY 11779

*Processing time for Active member applications is typically [8] weeks. You will be notified of status of your application and upon approval, asked to fill out a digital membership form for contact info and for invoicing for dues and added to NYS and Chapter correspondence.*

Application Status: ☐ Approved Date of Approval: \_\_\_\_\_ ☐ Denied ☐ Pending Correction ☐ Pending State Association Approval

Routing Info: MC presents to EB, ☐ sends summary of adds to EB ☐ RS – Exec minutes.

P – ☐ greeting and send digital form announce new member at next general meeting, ☐ sends new Active members to NYS

T – ☐ confirms invoicing ☐ receipt of dues and ☐ update sign in sheet

CS – ☐ update Membership spreadsheet and communications email groups

SD – ☐ confirms NYS updated Active members info



## Associate Member Application Form 2026-27

### Application Info and Date:

First, Last Name: \_\_\_\_\_

Applicant Title: \_\_\_\_\_

Primary Business: \_\_\_\_\_

Email: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

\_\_\_\_\_

Already a New York State Association member? ☐ Yes ☐ No ☐ Pending

If pending, when was application made? \_\_\_\_\_

Has Firm ever been a member of this Chapter before? ☐ Yes ☐ No ☐ Pending

What services does your firm provide? design or other consulting services/ Contracting services \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all Suffolk County or other municipal contracts or consortium contracts of interest to Suffolk County Chapter members. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide 2 professional references (preferably Chapter members)

Reference #1 (Name and phone): \_\_\_\_\_

Reference #2 (Name and phone): \_\_\_\_\_

**Dues/Fees:** Associate members are corporate memberships at \$730/year and includes an advertisement in the annual Chapter journal. Payment is due in full upon invoice of initial application and upon annual renewal invoice thereafter. In addition to dues, fees for representatives attending meetings are pay as you go at the door: breakfast meetings at \$50/person, luncheon meetings (when scheduled) at \$70/person (except for Dec.). December's meeting fee may vary but is confirmed by reservation. Non-payment may be grounds for suspension and/or revoking membership as per Chapter by-laws.

### **Instructions for Submission:**

Please submit the completed application form along with any supporting documents to:

[correspondence@scnyssfa.org](mailto:correspondence@scnyssfa.org) or to Suffolk County Chapter of NYS SFA, PO Box 1252, Ronkonkoma, NY 11779

*Associate member applications are considered annually over Summer. You will be notified prior to September's general meeting on the status of your application. If application denied, you may re-apply for the following year's consideration. Upon approval you'll be asked to fill out a digital membership form for contact info and for invoicing for dues and added to NYS and Chapter correspondence.*

Application Status: ☐ Approved & Date of Approval: \_\_\_\_\_ ☐ Denied ☐ Pending Correction ☐ Pending State Association Approval

Routing Info: MC presents to EB, ☐ sends summary of adds to EB, ☐ RS – Exec minutes.

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CS – ☐ update Membership spreadsheet and communications email groups

SD – ☐ confirms NYS updated active members info