

SUFFOLK Suffolk County Chapter of NYS COUNTY School Facilities Association CHAPTER 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 offered.

Becoming a Chapter member provides the opportunity to connect with experienced leaders in maintaining safe and healthy learning environments which 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 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 by the membership committee. To be considered for initial membership, please fill out and submit the appropriate form below. 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 prerequisite 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

Active & Affiliate Memberships 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 primarily 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 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 2025-26

Which membership are you applying for?	☐ Active		Affiliate	Date:
Applicant Info:				
First, Last Name:	<u></u>	School District Name:		
Applicant Job Title:	<u></u>	School District Address:		
Civil Service Job Title:				
Email:				
Cell phone:		Supervisor'	s Name and	Title:
Work phone:				
Already a New York State Association member If pending, when was application mad			□Pending	3
Briefly describe past experience including form	ner employ	ers and ye	ears of expe	rience (or attach resume)
Dues: Active and Affiliate Chapter Member du meetings/yr or \$450. Payments due upon inv suspension and revoking membership as per C	oice & atte	ndance. N	_	
<u>Instructions for Submission</u> : Please submit the completed application form	along with	any sunn	orting docu	ments to
correspondence@scnyssfa.org or to Suffolk Co	_		-	
11779				
Processing time for Active member applications is t status and upon approval, asked to fill out a digital				
added to NYS and Chapter correspondence.		<i>p</i>		a jo:o.og jo: aacc aa
<u>Application Status:</u> ☐ Approved Date of Approval:			ction \square Pending	g State Association Approval
No presents to EB, \square sends summary or adds to \square P \square greeting and send digital form announce new member a			ends new Active	members to NYS
$T - \square$ confirms invoicing \square receipt of dues and \square update sign	n in sheet			
CS $-\square$ update Membership spreadsheet and communications of SD $-\square$ confirms NYS updated Active members info	emaii groups			



Associate Member Application Form 2025-26

Application Info and Date:	_					
First, Last Name:	_ En	nployer Name:				
Applicant Title:	En	nployer Address:				
Primary Business:	. <u> </u>					
Email:						
Cell phone:		pervisor's Name and Title:				
Work phone:		pervisor s manife and mile.				
Already a New York State Association member? 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 contractions and the contraction of the contra		•				
Please provide 2 professional references (prefer Reference #1 (Name and phone):						
Reference #2 (Name and phone):						
<u>Dues:</u> Associate member dues for Suffolk Chapte times/yr or \$450. Dues paid upon invoice of ini Payment for meetings upon attendance. Non-paper Chapter by-laws.	itial applica	tion and annual renewal invoice thereafter.				
Instructions for Submission: Please submit the completed application form a correspondence@scnyssfa.org or to Suffolk Cou 11779 Processing for Associate member applications is annu general meeting on the status of your application. If consideration. Upon approval you'll be asked to fill of for dues and added to NYS and Chapter corresponder	nty Chapte ually over Su application ut a digital n	r of NYS SFA, PO Box 1252, Ronkonkoma, NY mmer. You will be notified prior to September's is denied, you may re-apply for the following year's				
Application Status: Approved & Date of Approval:		ending Correction Pending State Association Approval				
Routing Info: MC presents to EB, sends summary of adds to EB P - greeting and send digital form announce new member at n T - confirms invoicing receipt of dues add to sign in shee CS - update Membership spreadsheet and communications em SD - confirms NYS updated active members info	, □ RS – Exec r lext general me et	ninutes.				