

NY State Academy for Public Administration

2018 RENEWAL INFORMATION

PERSONAL INFORMATION

Name:

Home Phone:

Street Address:

City:

State: Zip:

Work Email:

Home/personal Email:

Over age 80? ___ Yes

PROFESSIONAL INFORMATION

Specialty(ies) (If any)

Active ___ Retired ___

Work Organization:

Office Phone:

Work Address:

City:

State: Zip:

Indicate contact preference: Work email Home email Home address

Work Address

Please check the SAPA activities in which you are interested (Check all that apply):

Public Service Excellence Awards:

- Program Planning
- Nomination Review Committee

Planning and Chairing a Candid Conversation:

Mentoring Young Professionals:

General Program Planning:

Membership/Board Nominating Committee:

Send completed form to nysapa@gmail.com

Questions also may be addressed to the SAPA Board of Directors at nysapa@gmail.com