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Nomination/Application for State Academy Membership

The State Academy for Public Administration seeks prospective members with:

- Skills in public administration acquired through studies or employment in a related field, whether academic, government or nonprofit;
- A record of ethical and responsible behavior in the performance of their duties;
- Commitment to the continuous improvement of public service in New York; and
- Willingness to participate in and support the programs and activities of the State Academy.

Membership Categories: The State Academy is comprised of three levels of membership: Fellows, Associate Fellows, and New Professionals.

- **Fellows** usually are individuals with senior-level experience who have made a substantial contribution to public administration and may lend seasoned expertise to the State Academy's activities and programs. Admittance to the State Academy as a Fellow is a recognition of the individual's service and contribution to the field of public administration.
- **Associate Fellows** typically have at least five (5) years of professional experience in public service with a record of increased responsibilities over that period.
- **New Professionals** are persons who are newly employed in public service, seek to enter public service, or are currently enrolled in a public-service-related academic program. New Professionals either possess or are in the process of acquiring a graduate or undergraduate degree in public policy, public administration, political science, another public service or related field.

1. Membership Level Requested:

- a. Fellow____
- b. Associate_____
- c. New Professional_____

2. Contact information for the prospective member:

Name:

Home Address:

Phone:

Home e-mail:

3. Information about the prospective member's experience in public administration:

Attach a current resume, curriculum vitae or biography here, OR

Describe this individual's current or most recent employment and other qualifications for the level of membership being requested in the State Academy:

4. Information about the person submitting this form:

I am submitting this application on my own behalf, OR
 I am submitting this nomination and will provide a reference for this prospective member. If the latter, contact information for the nominator is:

Name:

Phone:

E-mail:

Your current affiliation and position:

How do you know the nominee?

Are you a member of SAPA? Yes/ No

5. If self-nominating, briefly state your reason(s) for wanting to join SAPA and describe something you have contributed to improving public service:

6. Additional references or other information in support of this prospective member (optional):

7. Submit your completed form to:

sapa@nysapa.org **OR** mail to:

State Academy for Public Administration (SAPA)
Rockefeller College of Public Affairs and Policy
135 Western Avenue, Milne Hall
Albany, NY 12203

We will notify you following review of your information. Thanks!