



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: Fellow, Member and Student Member.

- **Fellow:** Individual who has made a substantial contribution to public administration/service, often with senior leadership experience, and may lend expertise to the State Academy's programs and activities. Admittance to the State Academy is a recognition of the individual's service and contribution to field of public administration.
- **Member:** An established public service professional or an individual new to public service interested in professional development and growth.
- **Student Member:** Individuals who are in the process of acquiring a graduate or undergraduate degree with the desire/intention of pursuing a career in public service at the state or local government level, or with a non-profit entity.

The selection process for each membership level is outlined on the Membership Page of the State Academy website.

1. Membership Level Requested (X one):

<input type="checkbox"/>	Fellow
<input type="checkbox"/>	Member
<input type="checkbox"/>	Student Member

2. Contact information for the prospective member:

Name	
Home Address	
Phone	
Home Email	

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:

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4. Information about the person submitting this form (X one):

	I am submitting this application on my own behalf	
	I am submitting this nomination and will provide a reference for this prospective member	
	Name	
	Phone	
	Email	
	Are you a member of SAPA?	
	Your current affiliation and position	
	How do you know the nominee?	

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

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

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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!

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