



AGENCY MEMBERSHIP APPLICATION

(October 1, 2017 - September 30, 2018)

New York Association of Alcoholism & Substance Abuse Providers, Inc.

(518) 426-3122 • Fax: (518) 426-1046 • E-mail: slafountain@asapnys.org Website: www.asapnys.org

SEND APPLICATION FORM AND DUES TO: NYAASAP, 11 North Pearl Street, Suite 801, Albany, NY 12207

Applying for a New Membership

Renewing Member

Substance Use Disorders Services/Problem Gambling Agency Membership: This NYAASAP membership category is designated for Substance Use Disorders Services/problem gambling prevention, treatment, and recovery programs.

Agency Name _____

Contact Name _____

Street Address _____

City, State, Zip _____

Telephone _____

Fax _____

E-Mail _____

Please send Member Information by: FAX E-Mail U.S. Mail

Agency Member dues are determined by the agency's total chemical dependence/problem gambling services budget.

Agency Budget

Annual Dues

\$ 250,000 and under	\$ 225	
\$ 250,001 - \$ 499,999	\$ 800	
\$ 500,000 - \$1,499,999	\$ 1,250	Total Agency Substance Use Disorders Services/
\$ 1,500,000 - \$2,999,999	\$ 2,500	Problem Gambling Budget
\$ 3,000,000 - \$4,999,999	\$ 4,500	
\$ 5,000,000 - \$9,999,999	\$ 6,000	\$ _____
\$10,000,000 - \$24,999,999	\$ 8,000	
\$25,000,000 - \$34,999,999	\$10,500	
\$35,000,000 - \$99,999,999	\$12,500	
\$100,000,000 and up	\$15,000	

Enclosed \$ _____ Date _____

Method of Payment: Check Enclosed payable to NYAASAP

VISA (13-16 digits) MasterCard (16 digits) American Express (15 digits)

Name on Card (Print) _____

Card Number _____

Exp. Date _____ Security Code _____ Charge Amount \$ _____

Signature _____

All memberships are subject to approval from the ASAP Membership Committee. **Agency Members** wishing to have all ASAP mailings and notices sent to additional staff members are invited to complete the form below. The cost is \$50 per individual. (Please include with your dues payment.)

Contact		
Agency		
Street Address		
City	State	Zip
Phone	Fax	
E-Mail		

Agency Members are welcome to have members of their staff participate on ASAP committees of their choosing. Please indicate committees of interest below.

Our agency would be interested in working on:

- Conference Planning**
- Cultural Competency**
- Housing**
- Veterans**
- Managed Care/Insurance**
- Membership**
- Prevention**
- Public Policy**
- Women, Children & Family Issues**
- Youth/Adolescent**

ASAP will contact you with committee meeting schedules and logistics and to get contact information for your participating staff.