



INDIVIDUAL 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 Webiste: 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

Individual Membership: The ASAP Individual Membership category is an affiliate membership intended for individuals who are supportive of substance use disorder and problem gambling prevention, treatment, and recovery services and the work of ASAP.

Date

Contact Name

Street Address

City, State, Zip

Telephone

Fax

E-Mail

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

Membership Dues: Dues for Individual Membership in ASAP are \$100 per year.

Enclosed \$ _____ Date _____

Method of Payment: Check Enclosed payable to ASAP
 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.

Individual Members are welcome to participate on ASAP committees. Please designate committees of interest below.

ASAP Committee Work: I would be interested in working on:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> By-laws | <input type="checkbox"/> Conference Planning | <input type="checkbox"/> Co-Occurring Disorders | <input type="checkbox"/> Criminal Justice |
| <input type="checkbox"/> Cultural Diversity | <input type="checkbox"/> Housing | <input type="checkbox"/> Problem Gambling | <input type="checkbox"/> Managed Care/Insurance |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Prevention | <input type="checkbox"/> Youth/Adolescent | <input type="checkbox"/> Public Policy |
| <input type="checkbox"/> Women, Children & Family Issues | <input type="checkbox"/> Regulatory Reform | | |