



AFFILIATE MEMBERSHIP APPLICATION FORM

(October 1, 2019 - September 30, 2020)

NYASAP

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

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

Affiliate Membership:

The ASAP Affiliate Membership category is intended for business partners, vendors, consultant organizations, research organizations, and other organizations that support the field and ASAP.

Organization Name _____

Contact Name _____

Alternate Contact Name _____

Street Address _____

City, State, Zip _____

Telephone _____

Fax _____

E-Mail _____

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

Membership Dues: ASAP Affiliate Membership dues are \$1,000 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) _____

Billing Address _____

Card Number _____

Exp Date _____ Security Code _____ Charge Amount \$ _____

Signature _____

All memberships are subject to approval from the ASAP Membership Committee.

Affiliate 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		

Contact		

Agency		

Street Address		

City	State	Zip

Phone	Fax	

E-Mail		

Contact		

Agency		

Street Address		

City	State	Zip

Phone	Fax	

E-Mail		