



NYASAP

COALITION MEMBERSHIP APPLICATION

(October 1, 2019 - September 30, 2020)

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 St., Suite 801, Albany, NY 12207

Applying for a New Membership Renewing Member

Coalition Membership:

The ASAP Coalition Membership category is designed for coalitions/networks of substance use disorder and problem gambling services providers whose membership includes **at least fifty percent (50%) member agencies in good standing**. All Coalition Members have a representative on the **ASAP Board of Directors**. All memberships are subject to approval from the **ASAP Membership Committee**.

Coalition Name _____

Coalition President/Chair's Name _____

Coalition President/Chair's Agency Affiliation _____

Street Address _____

City, State, Zip _____

Telephone _____

Fax _____

E-mail _____

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

Membership Dues: ASAP Coalition Membership dues are \$750 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 _____

Billing Address _____

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

Signature _____

If the person who will represent your coalition on the ASAP Board of Directors is someone other than the President/Chair listed above, please give the name of the person who will be your Coalition Representative.

Coalition Board Representative Name _____

Coalition Board Representative's Agency Affiliation _____

Street Address _____

City, State, Zip _____

Telephone _____

Fax _____

E-Mail _____