



**CORPORATE AFFILIATE PROGRAM
MEMBERSHIP APPLICATION FORM 2019-2020**

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

Corporate Affiliate Program Membership: The ASAP Corporate Affiliate Membership category is intended for corporations. Each membership is a customized strategic partnership that capitalizes on ASAP's leadership and position in New York State's substance abuse and behavioral health fields. As a Corporate Affiliate Program Member, you join New York's substance use prevention, treatment and recovery network in a much more meaningful way. Not only will you garner exposure to ASAP's family of members, but add your voice in support of organizations, groups and individuals that work to prevent and alleviate the profound personal, social and economic consequences of adolescent and adult substance use disorders in New York State.

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 \$7,500 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 _____