

## **AGENCY MEMBERSHIP APPLICATION**

(October 1, 2020 - September 30, 2021)

New York Association of Alcoholism & Substance Abuse Providers, Inc. (518) 426-3122 • Fax: (518) 426-1046 • E-mail: <a href="mailto:slafountain@asapnys.org">slafountain@asapnys.org</a> Website: <a href="mailto:www.asapnys.org">www.asapnys.org</a>

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

☐ Applying for a New Membership			ship	☐ Renewing Member			
Substance Use Disor	ders Services/F	Problem Gambling A	Agency Mem	<b>nbership</b> : Th	is NYAASAF	P membership	category is
designated for Substa	ince Use Disor	ders Services/proble	em gambling	prevention,	treatment,	and recovery	programs.
Agency Name							
Contact Name							
Street Address							
City, State, Zip							
Telephone			Fax				
E-Mail							
Please send Member Ir	nformation by:	□ FAX □ E	E-Mail I	□ U.S. Mail			
Agency Member dues a <b>Agency Budget</b> \$ 250,000 and under \$ 250,001 - \$ 499,999 \$ 500,000 - \$1,499,999 \$ 1,500,000 - \$2,999,999 \$ 3,000,000 - \$4,999,999 \$ 5,000,000 - \$9,999,999 \$ 10,000,000 -\$24,999,999 \$ 25,000,000 -\$34,999,999 \$ 35,000,000 -\$99,999,999 \$ 100,000,000 and up	\$ 225 \$ 800 \$ 1,250 \$ 2,500 \$ 4,500 \$ 6,000 \$ 8,000 \$ 10,500 \$ 12,500 \$ 15,000	Total Agency Substan Problem Gambling Bu	ce Use Disordodget	ers Services/	lem gamblin	g services bud	get.
Enclosed \$		_ Date					
Method of Payment:	☐ Check Enclo☐ VISA (13-16			) □ America	ın Express (´	15 digits)	
Name on Card (Print) _							
Billing Address							
Card Number							
Exp. Date		Security Code		Char	ge Amount \$	S	

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 on the reverse side. The cost is \$50 per individual. (Please include with your dues payment.)

Signature

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:

- o By-Laws
- Conference Planning
- Criminal Justice
- Cultural Competency
- Housing Workgroup
- Managed Care/Insurance
- o Membership
- o Prevention Public Policy
- o Regulatory Review
- Veterans
- o Women & Family Issues
- Youth/Adolescent

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