CORPORATE AFFILIATE PROGRAM
MEMBERSHIP APPLICATION FORM 2020-2021

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