INDIVIDUAL 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: slafountain@asapnys.org Website: www.asapnys.org

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

☐ Applying for a New Membership ☐ Renewing Member

Individual Membership: The ASAP Individual Membership category is an affiliate membership intended for individuals who are supportive of substance use disorder and problem gambling prevention, treatment, and recovery services and the work of ASAP.

Contact Name

Street Address

City, State, Zip

Telephone      Fax

E-Mail

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

Membership Dues: Dues for Individual Membership in ASAP are $100 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.

Individual Members are welcome to participate on ASAP committees. Please designate committees of interest below.

ASAP Committee Work: I would be interested in working on:

☐ By-laws ☐ Conference Planning ☐ Co-Occurring Disorders ☐ Criminal Justice
☐ Cultural Competency ☐ Housing Workgroup ☐ Problem Gambling ☐ Membership
☐ Prevention ☐ Youth/Adolescent ☐ Public Policy ☐ Regulatory Reform
☐ Women, Children & Family Issues ☐ Veterans