



## INDIVIDUAL MEMBERSHIP APPLICATION

(October 1, 2021 - September 30, 2022)

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

(518) 426-3122 • Fax: (518) 426-1046 • E-mail: [slafountain@asapnys.org](mailto:slafountain@asapnys.org) Webiste: [www.asapnys.org](http://www.asapnys.org)

SEND APPLICATION FORM AND DUES TO: NYAASAP, 194 Washington Avenue, Suite 300, Albany, NY 12210

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:

Addiction Medicine  
 Criminal Justice  
 Housing Workgroup  
 Membership  
 Public Policy  
 Rural Issues

Adolescent & Young Adult  
 Diversity, Equity and Inclusion  
 Insurance, Medicaid & Managed Care  
 Nursing  
 Recovery  
 Veterans

Conference Planning  
 Harm Reduction  
 Medical Advisory  
 Prevention  
 Regulatory Review  
 Women & Family Issues