AFFILIATE MEMBERSHIP APPLICATION FORM
(October 1, 2022 - September 30, 2023)

New York Association of Alcoholism & Substance Abuse Providers, Inc.
(518) 426-3122 • Fax: (518) 426-1046 • E-mail: slafountain@asapnys.org • 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

Affiliate Membership:
The ASAP Affiliate Membership category is intended for business partners, vendors, consultant organizations, research organizations, and other organizations that support the field and ASAP.

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 $1,000 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.

Affiliate Members wishing to have all ASAP mailings and notices sent to additional staff members are invited to complete the form below. The cost is $50 per individual. (Please include with your dues payment.)

Contact

Agency

Street Address

City State Zip

Phone Fax

E-Mail

Contact

Agency

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City State Zip

Phone Fax

E-Mail

Contact

Agency

Street Address

City State Zip

Phone Fax

E-Mail