



INDIVIDUAL MEMBERSHIP APPLICATION

(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 Website: 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 (must be personal residential address) _____

City, State, Zip _____

Telephone _____

Fax _____

E-Mail (must be a personal email address and not agency email as the membership is individual) _____

Please send Member Information by: ☐ FAX

☐ E-Mail

☐ U.S. Mail

Membership Dues: Dues for Individual Membership in ASAP are \$100 per year. ***Please be advised that payment cannot be accepted from any agency and/or any business entity as this is for an individual membership.***

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