

New York Association of Alcoholism & Substance Abuse Providers, Inc.  
**2022-2023 AGENCY MEMBERSHIP APPLICATION**



Agency Name: \_\_\_\_\_

Agency Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**MEMBERSHIP SLIDING FEE SCALE**

Agency Member dues are determined by the agency's total chemical dependence/problem gambling services budget.

**ANNUAL BUDGET**

**ANNUAL DUES**

\$ 250,000 and under	\$ 225
\$ 250,001 - \$ 499,999	\$ 800
\$ 500,000 - \$1,499,999	\$ 1,250
\$ 1,500,000 - \$2,999,999	\$ 2,500
\$ 3,000,000 - \$4,999,999	\$ 4,500
\$ 5,000,000 - \$9,999,999	\$ 6,000
\$10,000,000 - \$24,999,999	\$ 8,000
\$25,000,000 - \$34,999,999	\$10,500
\$35,000,000 - \$99,999,999	\$12,500
\$100,000,000 and up	\$15,000

**Annual Dues Based on Total Agency Substance Use  
Disorders Services/Problem Gambling Budget:**

\$ \_\_\_\_\_

**PLEASE PROVIDE THE IMPORTANT INFORMATION BELOW SO THAT WE CAN PROVIDE YOU  
WITH THE BEST POSSIBLE ASAP MEMBER BENEFITS**

In what County is your Agency located: \_\_\_\_\_

Who is your NYS State Senator: \_\_\_\_\_

Who is your NYS Assembly Member: \_\_\_\_\_

Who is your Congressional Representative: \_\_\_\_\_

Number of employees: \_\_\_\_\_

How many of your employees are: Full Time Part Time

How Many Employees work in Administration: \_\_\_\_\_

How Many Employees work in Direct Services: \_\_\_\_\_

On average, how many people do you serve monthly in:

Outpatient Inpatient Recovery Prevention

Is your program: For-Profit Non-for-Profit

***If your contact information has changed, please update below:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please remit payment to:  
New York Association of Alcoholism  
& Substance Abuse Providers  
194 Washington Avenue, Suite 300, Albany, NY 12210