

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

☐ Applying for a New Membership ☐ Renewing Member

congruent with the w	Membership Any organizers of the Association at the decembers of the Membership of t	may join as a Co				
Community Coalition N	Name					
Community Coalition F	President/Chair's Name					
Community Coalition F	President/Chair's Employ	ment Affiliation				
Street Address						
City, State, Zip						
Telephone	Fax		E-mail			
Please send Member	Information by: □ FAX	☐ E-Mail	□ U.S. I	Mail		
Membership Dues: AS	AP Community Coalition	Membership dues	s are \$250 p	er year.		
Enclosed \$		Date				
Method of Payment:	☐ Check Enclosed pay☐ VISA (13-16 digits)		16 digits)	☐ American E	Express (15 digits)
Name on Card (Print)_	nt)C			ard Number		
Billing Address						
Exp Date	Security Code:		Charge Amount \$			
Signature						
Community Coalitio complete the form on	on Members wishing to the reverse side.	have all ASAP m	nailings and	notices sent to	additional mem	bers are invited to
Contact Name						
Street Address						
City			State		Zip	

E-Mail

Phone

Community Coalition Members are welcome to have members of their Coalition participate on ASAP committees of their choosing. Please indicate committees of interest below.

Our Coalition would be interested in working on:

- > Addiction Medicine
- Adolescent & Young Adult
- Conference Planning
- Criminal Justice
- Diversity, Equity and Inclusion
- ➤ Harm Reduction
- ➤ Housing Workgroup
- Insurance, Medicaid & Managed Care
- Medical Advisory
- Membership
- Nursing
- Prevention
- Public Policy
- > Recovery
- Regulatory Review
- Rural Issues
- Veterans
- Women & Family Issues

ASAP will contact you with committee meeting schedules and logistics and to get contact information for your participating staff.