

New York Association of Alcoholism & Substance Abuse Providers, Inc.
2023-2024 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	\$ 175
\$ 250,001 - \$ 499,999	\$ 600
\$ 500,000 - \$1,499,999	\$ 950
\$ 1,500,000 - \$2,999,999	\$ 1,875
\$ 3,000,000 - \$4,999,999	\$ 3,400
\$ 5,000,000 - \$9,999,999	\$ 4,500
\$10,000,000 - \$24,999,999	\$ 6,000
\$25,000,000 - \$34,999,999	\$ 8,000
\$35,000,000 - \$99,999,999	\$ 9,500
\$100,000,000 and up	\$11,250

**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