



COALITION MEMBERSHIP APPLICATION

(October 1, 2023 - June 30, 2024)

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

Coalition Membership:

The ASAP Coalition Membership category is designed for coalitions/networks of substance use disorder and problem gambling services providers whose membership includes **at least fifty percent (50%) member agencies in good standing**. All Coalition Members have a representative on the **ASAP Board of Directors**. All memberships are subject to approval from the **ASAP Membership Committee**.

Coalition Name

Coalition President/Chair's Name

Coalition President/Chair's Agency Affiliation

Street Address

City, State, Zip

Telephone

Fax

E-mail

Please send Member Information by: ☐ FAX

☐ E-Mail

☐ U.S. Mail

Membership Dues: ASAP Coalition Membership dues are \$600 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) _____ Card Number _____

Billing Address _____

Exp Date _____ Security Code: _____ Charge Amount \$ _____

Signature

If the person who will represent your coalition on the ASAP Board of Directors is someone other than the President/Chair listed above, please give the name of the person who will be your Coalition Representative.

Coalition Board Representative Name

Coalition Board Representative's Agency Affiliation

Street Address

City, State, Zip

Telephone

Fax

E-Mail