CORPORATE AFFILIATE MEMBERSHIP APPLICATION FORM 2024-2025

InUnity Alliance, Inc.
(518) 426-3122 • Fax: (518) 426-1046 • E-mail: slafountain@iuany.org • Website: www.asapnys.org

SEND APPLICATION FORM AND DUES TO:
InUnity Alliance, Inc., 194 Washington Avenue, Suite 300, Albany, NY 12210

☐ **Applying for a New Membership** ☐ **Renewing Member**

Corporate Affiliate Program Membership: InUnity Alliance's Corporate Affiliate Membership category is intended for corporations. Each membership is a customized strategic partnership that capitalizes on InUnity Alliance's leadership and position in New York State's substance abuse and behavioral health fields. As a Corporate Affiliate Program Member, you join New York's substance use prevention, treatment, recovery and mental health network in a much more meaningful way. Not only will you garner exposure to InUnity Alliance's family of members, but add your voice in support of organizations, groups and individuals that work to prevent and alleviate the profound personal, social and economic consequences of adolescent and adult substance use disorders in New York State.

Organization Name

Contact Name

Alternate Contact Name

Street Address

City, State, Zip

Telephone Fax

E-Mail

Please send Member Information by: ☐ FAX ☐ E-Mail ☐ U.S. Mail

Membership Dues: InUnity Alliance Corporate Affiliate Membership dues are $7,500 per year. Enclosed $_____

Method of Payment: ☐ Check Enclosed payable to InUnity Alliance, Inc.
☐ 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 Date