



# COALITION MEMBERSHIP APPLICATION

(July 1, 2024 - June 30, 2025)

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

**Coalition Membership:**

InUnity Alliance's 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 **InUnity Alliance Board of Directors**. All memberships are subject to approval from the **InUnity Alliance 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:** 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 InUnity Alliance's 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 \_\_\_\_\_