



**CORPORATE AFFILIATE MEMBERSHIP APPLICATION FORM 2024-2025**

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

**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 \_\_\_\_\_