

INDIVIDUAL MEMBERSHIP APPLICATION

(July 1, 2024 - June 30, 2025)

InUnity Alliance, Inc.

(518) 426-3122 • Fax: (518) 426-1046 • E-mail: slafountain@iuany.org Webiste: www.asapnys.org

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

SEND APPLICATION	JN FORM AND DUES TO.	monity Amarice, 192	+ wasnington	Avenue, Suite 300, Albany, N	1 12210	
	☐ Applying for a New Membership			☐ Renewing Member		
				ate membership intended for ind nent, and recovery services and		
Contact Name	_			_		
Street Address (must	be personal residential addı	ress)				
City, State, Zip						
Telephone		Fax				
E-Mail (must be a pers	sonal email address and not	t agency email as the r	nembership is	individual)		
Please send Member	Information by: ☐ FAX	□ E-Mail □ U.S		5. Mail		
	ues for Individual Membersh /or any business entity as th			dvised that payment cannot be ac	cepted	
Enclosed \$	closed \$ Date					
Method of Payment:		neck Enclosed payable to InUnity Alliance SA (13-16 digits)		☐ American Express (15 digits)		
Name on Card (Print)						
Billing Address						
Card Number						
Exp Date	Security Code		(Charge Amount \$		
Signature						
	All memberships are su	bject to approval from	the ASAP Men	nbership Committee.		
	•			signate commit http://www.asap p-Application-2.pdftees of interes		
☐ Criminal Justice ☐ D		Adolescent & Young Adult Diversity, Equity and Inclusion nsurance, Medicaid & Managed Car		ロConference Planning ロHarm Reduction ロMedical Advisory		

☐ Prevention

☐ Regulatory Review ☐ Women & Family Issues

□Nursing

☐ Recovery

☐ Veterans

□Membership

☐ Public Policy

☐ Rural Issues