



**AFFILIATE MEMBERSHIP APPLICATION FORM**  
(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) • [www.asapnys.org](http://www.asapnys.org)

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

Applying for a New Membership       Renewing Member

**Affiliate Membership:**

InUnity Alliance's Affiliate Membership category is intended for business partners, vendors, consultant organizations, research organizations, and other organizations that support the field and InUnity Alliance.

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 Affiliate Membership dues are \$750 per year. Enclosed \$ \_\_\_\_\_ Date \_\_\_\_\_

**Method of Payment:**     Check Enclosed payable to InUnity Alliance  
                                   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 \_\_\_\_\_

All memberships are subject to approval from the InUnity Membership Committee.

**Affiliate Members** wishing to have all ASAP mailings and notices sent to additional staff members are invited to complete the form below. The cost is \$50 per individual. (Please include with your dues payment.)

_____		
Contact		
_____		
Agency		
_____		
Street Address		
_____		
City	State	Zip
_____	_____	_____
Phone	Fax	
_____	_____	_____
E-Mail		
_____		

_____		
Contact		
_____		
Agency		
_____		
Street Address		
_____		
City	State	Zip
_____	_____	_____
Phone	Fax	
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E-Mail		
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Agency		
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Street Address		
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City	State	Zip
_____	_____	_____
Phone	Fax	
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E-Mail		
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