



Community Health Care Association of New York State

ASSOCIATE MEMBERSHIP ENROLLMENT

Associate Membership in CHCANYS is available to agencies, organizations and consultants that are interested in, or have goals related to the Association, but are not community health centers, e.g., associations, and other for-profit or non-profit organizations.

CATEGORIES : (PLEASE CHECK ONE)

- For Vendors (\$1,750 first year discount; \$2,000 a year thereafter)
*This special offer is for new for-profit Associate Members

BENEFITS of MEMBERSHIP

- Regular updates from CHCANYS on news of interest to the community health care world and partners including our biweekly newsletter Your CHCANYS;
Updates and information related to pertinent regulatory and policy issues;
Discounted member rates to attend CHCANYS' workshops, trainings and annual conference; and
"Associate Member" designation in conference materials for vendors who also purchase a sponsorship/exhibit package

Primary Contact for Membership:

Title

Organization/Business

CEO/Executive Director Name:

Address

City State Zip Code

Phone Number Fax Number

Email Website

Contact #2 - Name (CFO/Sr. Staff member)

Title

Email

Organization Type

- Article 28 Behavioral Health Substance Abuse Consultant Vendor
Other If Other please add

What is your scope of business?

Name of Person Authorizing Enrollment:

- I am authorized to complete this form on behalf of my organization/business. I understand that payment is due in full upon invoice. Membership automatically renews annually unless CHCANYS receives written notice requesting cancellation.