



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)

- Not-for-Profit Organizations (\$500- annually)**
* A copy of the tax exempt form must be included for this category.
- For-Profit Organizations (\$2,000 annually)**

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 _____

How did you hear about CHCANYS? _____

Name of Person Authorizing Enrollment: _____

Signature _____ Date of Application _____

- 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.

If you have any questions please contact Susan Kristie at 212-710-3808