

New York State Association of Family Service Agencies

95 Columbia Street
Albany, New York 12210
www.nysafsa.org
Phone: 518-465-5340
Fax: 518-465-6023
Email: tgold@albanygov.com

Date: _____



Membership Application

Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____

Agency Executive Director/President: _____

Agency Contact: _____

Contact Email Address: _____

Agency Mission: _____

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Membership Application *continued*

Number of programs your agency offers:

List specific services your agency provides:

Number of locations your agency operates:

Counties served:

Number of staff (full time equivalent):

Number of active volunteers:

Size of Board:

Number of Board Meetings per year:

Annual Budget:

Yearly Dues Structure

<i>Agency Operating Budget</i>	<i>Dues</i>	<i>Agency Operating Budget</i>	<i>Dues</i>
\$1 - 250,000	\$125	\$2,500,001 – 3,000,000	\$2,225
\$250,001 – 500,000	\$250	\$3,000,001 – 3,500,000	\$2,625
\$500,001 – 750,000	\$375	\$3,500,001 – 4,000,000	\$3,000
\$750,000 – 1,000,000	\$500	\$4,000,001 – 4,500,000	\$3,375
\$1,000,001 – 1,500,000	\$1,250	\$4,500,001 – 5,000,000	\$3,750
\$1,500,001 – 2,000,000	\$1,500	\$5,000,001 – 10,000,000	\$4,000
\$2,000,001 – 2,500,000	\$1,875	\$10,000,001 +	\$5,000