

**New York State
Association of Family
Service Agencies**

NYS Association of
Family
Service Agencies

29 North Hamilton St
Poughkeepsie, NY
12601

t- 845-790-5900
f- 845-452-1119

www.nysafsa.org
info@nysafsa.org



Membership Application

Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____

Agency Executive Director/President: _____

Agency Contact: _____

Contact Email Address: _____

Agency Mission: _____

Please list the specific services your agency provides.

Please list your agency site locations.

Counties Served: _____

Number of Full-Time Staff: _____ Part-time Staff: _____

Number of Active Volunteers: _____

-Over-



Membership Application - *continued*

Size of Board: _____

Number of Board Meetings Per Year: _____

Annual Budget: _____

What do you hope to gain by being a member of NYSAFSA?

(Please select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Professional (CEO) development | <input type="checkbox"/> Peer guidance & support |
| <input type="checkbox"/> Board development | <input type="checkbox"/> Legislation & advocacy information |
| <input type="checkbox"/> Fundraising skills | <input type="checkbox"/> Information about funding sources |
| <input type="checkbox"/> HR management | <input type="checkbox"/> Information about program delivery |
| <input type="checkbox"/> Statewide networking | |

Other _____

Annual Dues Structure

Agency Operating Budget	Dues	Agency Operating Budget	Dues
Up to \$ 250,000	\$ 125	\$ 2,500,001 - \$ 3,500,000	\$ 1,250
\$ 250,001 - \$ 500,000	\$ 250	\$ 3,500,001 - \$ 5,000,000	\$ 1,500
\$ 500,001 - \$ 750,000	\$ 375	\$ 5,000,001 - \$ 10,000,000	\$ 2,000
\$ 750,001 - \$ 1,000,000	\$ 500	\$ 10,000,001 +	\$ 2,500
\$ 1,000,001 - \$2,500,000	\$ 1,000		