

New York Association of Homes & Services for the Aging
A S S O C I A T E & A S S O C I A T E P L U S
Membership Application

To be considered for associate membership in the New York Association of Homes and Services for the Aging (NYAHSA), please complete this application and forward it to NYAHSA.

MEMBERSHIP RATES

Please call NYAHSA at (518) 449-2707 for the latest membership rates.

GENERAL INFORMATION

Name: _____

Title: _____

Company: _____

Address: _____

City/State/Zip: _____ County: _____

Phone: _____ Fax: _____ E-mail: _____

Web Address: _____ May we send you correspondence by e-mail? Yes No

Products/Services: _____

BILLING

I understand associate membership entitles me to most privileges and services of NYAHSA. Associate membership does not constitute an endorsement of my products or services.

I hereby acknowledge that neither I, nor my organization, have a 10 percent or greater ownership in a proprietary provider facility or agency.

Signature _____ Date: _____

In addition, please be advised that membership is terminated ONLY by sending a letter requesting termination of benefits to the attention of NYAHSA's accounting department. Non-payment of dues does not constitute a notification of termination. Any dues or other expenses incurred prior to receipt of the letter requesting termination of benefits will be the responsibility of the member. Your signature indicates that you understand and agree to NYAHSA's notification of termination policy.

Signed: _____

Please mail your application to:

Membership Committee
New York Association of Homes & Services for the Aging
150 State Street, Suite 301
Albany, New York, 12207-1698

*Thank you for your interest in becoming a NYAHSA member.
Upon approval by the committee, all services will commence immediately
and you will receive your initial invoice.*

Please do not send a check with this application.