



NEW YORK STATE COALITION FOR CHILDREN'S BEHAVIORAL HEALTH

Allied Membership APPLICATION

for non-OMH licensed or certified provider organizations

Please complete and return to jackienegrillc@gmail.com

DUES: \$5,000

- | | | |
|--|--|--|
| <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> County SPOA | <input type="checkbox"/> Family/Children's Advocacy Organization |
| <input type="checkbox"/> Health Home | <input type="checkbox"/> Hospital/Health Care System | <input type="checkbox"/> Managed Care Organization |
| <input type="checkbox"/> Primary Care/Pediatrics | <input type="checkbox"/> Membership Association | <input type="checkbox"/> University |
| <input type="checkbox"/> Research/Foundations/Philanthropy Organizations | | |
| Other (please describe) _____ | | |

Executive Director/CEO: _____

Title: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Company Website: _____

Signature: _____ Date: _____

Bill To:

Name: _____ or same as above: _____

Title: _____

Organization Name: _____

Address: _____ or same as above: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Primary Contact: _____ or same as above: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Allied Membership Dues

Dues

- | | |
|--|------------|
| <input type="checkbox"/> Payment in full for ____ (year) | \$5,000.00 |
|--|------------|

Dues are annual and calendar based. Dues Are Incurred Until We Are Notified In Writing To Terminate Your Membership.

Please complete this form and return to jackienegrillc@gmail.com

Checks can be mailed to PO Box 7124, Albany, NY 12224

If you have any questions, please contact jackienegrillc@gmail.com.

Total Payment Enclosed \$ _____

- | | |
|---|-----------------|
| <input type="checkbox"/> Check Enclosed | Check # _____ |
| <input type="checkbox"/> Voucher | Voucher # _____ |
| <input type="checkbox"/> Purchase Order | PO # _____ |