



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: \$3,000

- | | | |
|--|--|--|
| <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) <small>Dues are annual and calendar based. Dues Are Incurred Until We Are Notified In Writing To Terminate Your Membership.</small>	\$3,000.00
<div style="border: 1px solid red; padding: 5px; margin-bottom: 5px;"> <p style="color: red; font-weight: bold;">Please complete this form and return to jackienegrillc@gmail.com</p> <p style="color: red;">Checks can be mailed to PO Box 7124, Albany, NY 12224</p> <p style="color: red;">If you have any questions, please contact jackienegrillc@gmail.com.</p> </div>	Total Payment Enclosed \$ _____ <input type="checkbox"/> Check Enclosed Check # _____ <input type="checkbox"/> Voucher Voucher # _____ <input type="checkbox"/> Purchase Order PO # _____