

**Community  
& Family Services  
Association of New York State**

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Services Association of  
New York State

29 North Hamilton St  
Suite L18  
Poughkeepsie, NY  
12601

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## 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*

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**Size of Board:** \_\_\_\_\_

**Number of Board Meetings Per Year:** \_\_\_\_\_

**Annual Budget:** \_\_\_\_\_

**What do you hope to gain by being a member of CFSANYS?**  
*(Please select all that apply)*

Professional (CEO) Development  
Board development  
Fundraising skills  
HR management

Peer guidance & support  
Legislation & advocacy information  
I Information about funding sources  
Information about program delivery

Statewide networking

**Other** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Annual Dues Structure

Agency Operating Budget	Annual Dues
Up to \$1,000,000	\$275.00
\$1,000,001 to \$2,500,000	\$550.00
\$2,500,001 to \$5,000,000	\$1,100.00
\$5,000,001 to \$10,000,000	\$1,600.00
\$10,000,001 and Higher	\$2,000.00