

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

Community & Family
Services Association of
New York State

29 North Hamilton St
Poughkeepsie, NY
12601

t- 845-452-1110 ext.
3413
f- 845-452-1119



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 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 _____

Annual Dues Structure

Agency Operating Budget	Dues
Up to \$1,000,000	\$275.00
\$1,000,001 to \$2,500,000	\$550.00
\$2,500,001 and Up	\$1,100.00