



## Associate Membership Application

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_ Telephone \_\_\_\_\_

Description of product or services \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**ANNUAL ASSOCIATE MEMBERSHIP DUES.....\$180.00**

**Return completed application to:**

FCPNY, 621 Columbia Street Ext., Suite 100, Cohoes, NY 12047 p: 518.250.4194 f: 518.464.6489 www.fcpsy.org