

[www.cdpaanys.org](http://www.cdpaanys.org)

***Correspondence and Questions:***

CDPAANYS c/o Consumer Directed Choices, Inc.  
7 Washington Square  
Albany, NY 12205  
(518) 464-0810 x11 *fax* (518) 690-7153

***2009 ALLIED ORGANIZATION MEMBERSHIP***

*Any company or Public organization of a professional nature that does not provide Consumer Directed Personal Assistance but is concerned with its appropriate use.*

Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

***Please check the appropriate county(s) that you service:***

<input type="checkbox"/> Albany	<input type="checkbox"/> Dutchess	<input type="checkbox"/> Madison	<input type="checkbox"/> Outside NY	<input type="checkbox"/> Suffolk
<input type="checkbox"/> Allegany	<input type="checkbox"/> Erie	<input type="checkbox"/> Monroe	<input type="checkbox"/> Putnam	<input type="checkbox"/> Sullivan
<input type="checkbox"/> Bronx	<input type="checkbox"/> Essex	<input type="checkbox"/> Montgomery	<input type="checkbox"/> Queens	<input type="checkbox"/> Tioga
<input type="checkbox"/> Broome	<input type="checkbox"/> Franklin	<input type="checkbox"/> Nassau	<input type="checkbox"/> Rensselaer	<input type="checkbox"/> Tompkins
<input type="checkbox"/> Cattaraugus	<input type="checkbox"/> Fulton	<input type="checkbox"/> New York	<input type="checkbox"/> Richmond	<input type="checkbox"/> Ulster
<input type="checkbox"/> Cayuga	<input type="checkbox"/> Genesee	<input type="checkbox"/> Niagara	<input type="checkbox"/> Rockland	<input type="checkbox"/> Warren
<input type="checkbox"/> Chautauqua	<input type="checkbox"/> Greene	<input type="checkbox"/> Oneida	<input type="checkbox"/> Saratoga	<input type="checkbox"/> Washington
<input type="checkbox"/> Chemung	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Onondaga	<input type="checkbox"/> Schenectady	<input type="checkbox"/> Wayne
<input type="checkbox"/> Chenango	<input type="checkbox"/> Herkimer	<input type="checkbox"/> Ontario	<input type="checkbox"/> Schoharie	<input type="checkbox"/> Westchester
<input type="checkbox"/> Clinton	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Orange	<input type="checkbox"/> Schuyler	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Columbia	<input type="checkbox"/> Kings	<input type="checkbox"/> Orleans	<input type="checkbox"/> Seneca	<input type="checkbox"/> Yates
<input type="checkbox"/> Cortland	<input type="checkbox"/> Lewis	<input type="checkbox"/> Oswego	<input type="checkbox"/> St. Lawrence	
<input type="checkbox"/> Delaware	<input type="checkbox"/> Livingston	<input type="checkbox"/> Otsego	<input type="checkbox"/> Steuben	

Please describe the type of business / service that you provide:

CDPAANYS Membership is for a calendar year. An Allied Organization Membership is a non-voting membership. At its discretion, the Board of Directors may nominate an Allied Organization Member for Board Membership.

**ALLIED MEMBERSHIP DUES \$500.00**

Make Payment Payable to: CDPAANYS. Please check appropriate payment method:

- Payment in full**  
 **Quarterly Payment.**  Check for \$ \_\_\_\_\_ enclosed. (Please include the first installment with this form.)

**Mail payment directly to:**

CDPAANYS  
c/o Council of Community Services of NYS, Inc.  
272 Broadway  
Albany, New York 12210