



# NYAEMP

*New York Association of Emerging & Multicultural Providers, Inc.*

## Membership Form

### Agency and Contact Information

\* Agency:

\* CEO:

\* Address:

\* City, State, Zip:

\* Fax:

\* Telephone:

Toll Free:

TTY/TDD:

Web Site:

For purposes of voting in membership meetings please designate a primary contact:

### Primary Contact

\* First Name:

\* Last Name:

\* E-mail:

It is imperative for NYAEMP to have an email address in order for your agency to receive full benefits of NYAEMP membership.

\* Required fields are indicated with an asterisk.

*Print this page, provide the requested information, and mail or fax to:*

**New York Association of Emerging & Multicultural Providers, Inc.**

199 Lincoln Avenue, Suite 314  
Bronx, NY 10454  
USA

Tel: 718-402-3507  
Fax: 718-402-3509

You can send electronic mail to  
[info@nyaemp.org](mailto:info@nyaemp.org)

Further information located at  
<http://www.nyaemp.org/>