



2024 ANNUAL MEMBERSHIP INVOICE

Invoice Item: 2024 Annual Membership Dues

Please enter your 2024 NYS Council Dues Calculation amount in the blank space (below):

Agency Name: _____

2024 Dues Payment: \$ _____

If you need to make alternate arrangements, please contact Lauri Cole at (518) 461-8200 at your earliest convenience.

Please make all checks payable to the **NYS Council for Community Behavioral Healthcare**.

Payment Due by February 1, 2024

Send your 2024 dues payment along with a copy of the completed invoice and a completed Dues Calculation Worksheet to:

Lauri Cole, Executive Director
NYS Council for Community Behavioral Healthcare
911 Central Avenue, P.O. Box #152
Albany, NY 12206

Please make a note at bottom of your envelope that reads "NYS Council Dues"

Questions? Call Lauri Cole, Executive Director, NYS Council at (518) 461 8200.

Thank you for your support!