**NEW YORK STATE**

**ASSOCIATION OF TAX RECEIVERS AND COLLECTORS**

**APPLICATION FOR MEMBERSHIP CALENDAR YEAR 2018**

Please Type or PRINT CLEARLY

 Name of Municipality**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

County**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please check **ONLY ONE**

 \_\_\_\_ Tax Receiver, \_\_\_\_ Tax Collector, \_\_\_\_ Town Clerk/ Tax Collector/Receiver,

 \_\_\_\_ School Tax Collector , \_\_\_\_ Deputy Receiver / Deputy Collector, \_\_\_\_ County Treasurer (Non-Voting) $25.00 Annual Dues

 \_\_\_\_ Social **(Retirees Only)** (non-voting) $10.00 Annual Dues

 \_\_\_\_ Business (non-voting) $50.00 Annual Dues

Has any of your information changed since last year? \_\_\_\_YES \_\_\_\_ NO

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Years as Receiver/Collector\_\_\_\_\_\_\_\_\_

New Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Renewal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO: **NYSATRC MEMBERSHIP**

***APPLICATION MUST ACCOMPANY YOUR CHECK***

**Each Membership Requires a Separate Application but more than one membership can be included in your check.**

***PLEASE FILL IN THE ABOVE PORTION AND PROMPTLY RETURN WITH DUES***

**MAIL TO:** Sharon M. Knight, MMC/RMC Telephone: (585) 226-2425 Ext. 10

 NYSATRC Membership Fax: (585) 226-9273

 23 Genesee Street Email: toaclerk@frontiernet.net

 Avon, NY 14414

\*\*ALL CHECKS RECEIVED WITH INCORRECT PAYMENT AMOUNT WILL BE RETURNED AND WILL CAUSE A DELAY FOR YOUR ANNUAL RENEWAL.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEMBERSHIP CHAIR USE ONLY

District # \_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_ Sent to Committee Member \_\_\_\_\_

 Sent to Treasurer \_\_\_\_\_\_