

NEW YORK STATE
ASSOCIATION OF TAX RECEIVERS AND COLLECTORS
APPLICATION FOR MEMBERSHIP CALENDAR YEAR 2022
Please Fill Out COMPLETELY and RETURN WITH PAYMENT
Type or **PRINT CLEARLY**

PLEASE MAKE CHECKS PAYABLE TO: NYSATRC MEMBERSHIP
Mail with completed form or will not be processed

MAIL TO: Amy Neumann, Membership Chair
NYSATRC Membership
PO Box 181
Leicester, NY 14481
Phone: (585) 259-5029 Leave Message
Email: leitownclerk@gmail.com

Name of Municipality _____

County _____

Name: _____

Office Mailing Address: _____

City _____, State _____, Zip Code _____

Telephone _____ Ext. _____

Fax _____

E-mail address _____

Number of Years as Receiver/Collector _____ Village _____ Town _____ School _____

New Member: _____ or Renewal: _____

APPLICATION MUST ACCOMPANY YOUR CHECK

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

PLEASE CHECK ONLY ONE CATEGORY AND SEND THE APPROPRIATE ANNUAL DUES

____ Tax Receiver, ____ Tax Collector, ____ Town Clerk/ Tax Collector/Receiver,
____ School Tax Collector, ____ Deputy Receiver / Deputy Collector,
____ County Treasurer (Non-Voting) \$
\$25.00 Annual Dues for ALL Titles above this line.

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

____ Business (non-voting) **\$50.00 Annual Dues**

PLEASE FILL IN THE ABOVE PORTION AND PROMPTLY RETURN WHOLE FORM WITH EACH DUES

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

MEMBERSHIP CHAIR USE ONLY BELOW THIS LINE

District # _____ Check # _____ Date _____

Membership Card Sent to NYSATRC Member _____

Date Deposited _____ Sent to Treasurer _____