

**NEW YORK STATE
ASSOCIATION OF TAX RECEIVERS AND COLLECTORS
APPLICATION FOR MEMBERSHIP CALENDAR YEAR 2026**

Please Fill Out COMPLETELY and RETURN Entire Application WITH PAYMENT.

Type or PRINT CLEARLY

Form must be completed and include payment to be processed.

CHECKS PAYABLE TO: NYSATRC MEMBERSHIP

MAIL TO: Debra Littere, Membership Chair
NYSATRC Membership
4160 Upper Mountain Rd.
Sanborn, NY 14132

Phone: (716) 433-8161 Leave Message

Email: dlittere@townofcambria.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 _____ County _____ School _____

New Member: ____ or Renewal: ____ Interest in Director or committee involvement? ____ Yes ____ No

APPLICATION MUST ACCOMPANY YOUR CHECK **ALL CHECKS RECEIVED WITH INCORRECT PAYMENT AMOUNT WILL BE RETURNED AND WILL CAUSE A DELAY IN PROCESSING YOUR APPLICATION.

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 _____ Village

_____ School Tax Collector _____ Deputy Receiver/Deputy Collector _____ County Treasurer _____ Collection Staff

\$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

MEMBERSHIP CHAIR USE ONLY BELOW THIS LINE

District # _____ Check # _____ Date ____/____/2026

Membership Card Sent to NYSATRC Member _____

Deposit Date ____/____/2026 ____ Sent to Treasurer ____/____/2026