**NEW YORK STATE**

**ASSOCIATION OF TAX RECEIVERS AND COLLECTORS**

 **APPLICATION FOR MEMBERSHIP CALENDAR YEAR 2020**

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 for ALL Titles above this line.

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 \_\_\_\_ 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\_\_\_\_\_\_\_\_\_ Village\_\_\_\_\_ Town\_\_\_\_\_\_ School\_\_\_\_\_

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 WHOLE FORM WITH EACH DUES***

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**MAIL TO:** Amy Neumann, Membership Chair

 NYSATRC Membership Phone: (585) 259-5029 Leave Message

 PO Box 181 Email: leitownclerk@gmail.com

 Leicester, NY 14481

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

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MEMBERSHIP CHAIR USE ONLY BELOW THIS LINE

District # \_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_

Membership Card Sent to Committee Member \_\_\_\_\_

Date Deposited\_\_\_\_\_\_\_\_\_ Sent to Treasurer \_\_\_\_\_\_