

**NEW YORK STATE
ASSOCIATION OF TAX RECEIVERS AND COLLECTORS
APPLICATION FOR MEMBERSHIP CALENDAR YEAR 2024**

**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: 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 **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
____ 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

MEMBERSHIP CHAIR USE ONLY BELOW THIS LINE

District # _____ Check # _____ Date ____/____/2024

Membership Card Sent to NYSATRC Member _____

Deposit Date ____/____/2024 ____ Sent to Treasurer ____/____/2024