NEW YORK STATE
ASSOCIATION OF TAX RECEIVERS AND COLLECTORS
APPLICATION FOR MEMBERSHIP CALENDAR YEAR 2027

Please Fill Out COMPLETELY and RETURN Entire Application WITH PAYMENT. PLEASE, 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 _____ For: 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 THE WHOLE COMPLETED FORM WITH PAYMENT

MEMBERSHIP CHAIR USE ONLY BELOW THIS LINE

District # _____ Check # _____ Date Received: _____/_____/ 2027

Membership Card Sent to NYSATRC Member _____

Deposit Date _____/_____/2027 Sent to Treasurer _____/_____/2027