

**THE NEW YORK STATE
ASSOCIATION OF TAX RECEIVERS AND COLLECTORS
APPLICATION FOR MEMBERSHIP CALENDAR YEAR 2025**

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 ext. 118 Leave Message
Email: dlittere@townofcambria.com

Name of Municipality/School _____

County _____

Your Name: _____

Office Mailing Address: _____

City _____ Zip Code _____ Telephone _____ Ext. _____

E-mail address _____

New Member: ____ Renewal ____ Number of Years as: Receiver/Collector ____ Village ____ Town ____ School ____

Would you be interested in serving as a District Director? 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
_____ School Tax Collector _____ Deputy Receiver / Deputy Collector _____ County Treasurer

\$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 FORM WITH DUES

MEMBERSHIP CHAIR USE ONLY BELOW THIS LINE

District # _____ Check # _____ Date ____/____/2025

Membership Card Sent to NYSATRC Member _____

Deposit Date ____/____/2025 Sent to Treasurer ____/____/2025