**NEW YORK STATE**

**ASSOCIATION OF TAX RECEIVERS AND COLLECTORS**

**APPLICATION FOR MEMBERSHIP CALENDAR YEAR 2017**

Please Type or Print Clearly

Name of Municipality**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

County**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please check **ONLY ONE**

\_\_\_\_ Tax Receiver $25.00 Annual Dues

\_\_\_\_ Tax Collector $25.00 Annual Dues

\_\_\_\_ Town Clerk/ Tax Collector/Receiver $25.00 Annual Dues

\_\_\_\_ School Tax Collector $25.00 Annual Dues

\_\_\_\_ Deputy Receiver / Deputy Collector $25.00 Annual Dues

\_\_\_\_ County Treasurer (Non-Voting) $25.00 Annual Dues

\_\_\_\_ Social **(Retirees Only)** (non-voting) $10.00 Annual Dues

\_\_\_\_ Business (non-voting) $50.00 Annual Dues

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Each Membership Requires a Separate Application**

Office Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Years as Receiver/Collector\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Renewal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO: **NYSATRC MEMBERSHIP**

***PLEASE FILL IN THE ABOVE PORTION AND PROMPTLY RETURN WITH DUES***

***APPLICATION MUST ACCOMPANY YOUR CHECK***

FEEL FREE TO CONTACT ME WITH ANY QUESTIONS,I’M HAPPY TO TAKE THE TIME TO ASSIST YOU!

**MAIL TO:** Sharon M. Knight, MMC/RMC Telephone: (585) 226-2425 Ext. 10

NYSATRC Membership Fax: (585) 226-9273

23 Genesee Street Email: [toaclerk@frontiernet.net](mailto:toaclerk@frontiernet.net)

Avon, NY 14414

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEMBERSHIP CHAIR USE ONLY

District # \_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_Sent to Treasurer – issue Membership Card \_\_\_\_