**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

 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 \_\_\_\_