

New York State Assessors' Association

Membership Application

Print this page, complete application and return with check or completed municipal voucher:

First Name:	
Middle Name:	
Last Name:	
Title:	Sole Appointed Assessor [], Sole Elected Assessor [], Member Board of Assessors [], Chairman Board of Assessors [], Retired [], Other [] Specify: _____
Municipality or Firm:	
	Town [], Village [], City [], County []
County:	
Office Address:	
Home Address:	
Office Phone:	
Home Phone:	
Fax Number:	
Email Address:	
Name of Spouse:	
Date of Birth:	
Local Newspaper:	

REGULAR MEMBER:	\$ 100
(Retired Regular Member Dues with 50% Discount: \$50.00)	
REGULAR MEMBER: Assessor 1 Municipality	\$ 100
REGULAR MEMBER: Assessor 2-3 Municipalities	\$ 115
REGULAR MEMBER: Assessor 4-5 Municipalities	\$ 130
REGULAR MEMBER: Assessor 6 or more Municipalities	\$ 145
ASSOCIATE MEMBER: Non-Government Employed	\$ 150
ASSOCIATE MEMBER: Government Employed	\$ 100

UPDATED 1/1/2018

Make checks Payable to: **New York State Assessors' Association**
 Mail to: **David W. Briggs, FIAO Executive Director, PO Box 5586, Cortland, NY 13045**