

ASSOCIATION OF MUNICIPAL ASSESSORS OF NEW JERSEY

(FEDERAL ID # 22-2099745)

AFFILIATE APPLICATION

JANUARY 1 – DECEMBER 31, 2010

APPLICANT: Please complete the required data below.
Sign & forward the ORIGINAL application with a check for the appropriate amount of dues.
(See notes below for proper processing)

_____ Check here, if this is a **NEW** membership application.

*****A M A N J USE ONLY*****	
***** (not to be used by Applicant) *****	
Membership #:	
Paid By:	
Check #	Dated:
Date Processed:	
Amount Rec'd:	

AFFILIATE MEMBERSHIP DUES: \$175.00

Name:	CTA Yes / No
Title:	CTA Certificate #
Firm Name:	

Office Mailing Address: _____
(Street address) (City) (State) (Zip Code)

Office Phone: _____ Office Fax: _____

Preferred Mailing Address: _____ E-Mail Address _____

Home Address: _____
(Street address) (City) (State) (Zip Code)

Home Phone: _____ DAY PHONE: _____

I hereby certify that I have not been convicted of a felony or any other crime. If accepted for membership, I will abide by the AMANJ Constitution & Bylaws, pay the established dues and any Special Assessments as adopted by the Association and comply with the A.M.A.N.J CODE OF Ethics & Standards of Professional Conduct.

APPLICANT'S SIGNATURE: _____ DATE: _____

MAKE CHECKS PAYABLE TO A.M.A.N.J.!!!
Forward ORIGINAL application & the PROPER DUES AMOUNT, ASAP to:
Dorothy Kreitz, Treasurer
Tax Assessor's Office
475 Valley Rd, Wayne, NJ 07470
973-694-1800 x 3226